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1970

TRANSACTIONS

OF THE CANADIAN DENTAL ASSOCIATION



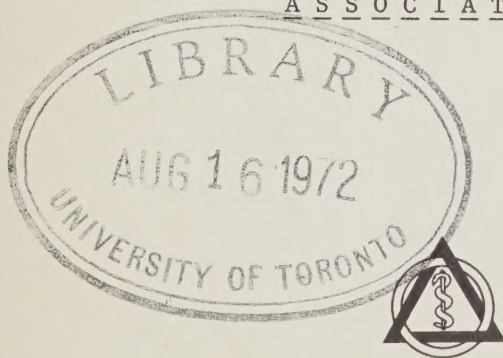
ANNUAL MEETING
BOARD OF GOVERNORS
FORT GARRY HOTEL, WINNIPEG
JUNE 29 - JULY 2, 1970



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T R A N S A C T I O N S
of the
C A N A D I A N D E N T A L
A S S O C I A T I O N



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C36
1970

ANNUAL MEETING
BOARD OF GOVERNORS
FORT GARRY HOTEL
WINNIPEG

June 29-July 2
1970

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FOREWORD

This book provides a record of the business transacted at the annual meeting of the Board of Governors of the Canadian Dental Association at the Fort Garry Hotel in Winnipeg, June 29-July 2, 1970. The report of the installation ceremony held July 4 at the Centennial Centre, Winnipeg, appears at the end of the book.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of councils, committees and sections etc., are studied first by reference committees composed of attending CDA members. Findings of the reference committees are reported to open sessions of the Board and, although the chairman may permit any member to speak on an issue, only Board members may vote.

Words appearing in italics both within the body and at the end of the council, committee or section reports constitute the comment and action of the Board.

The purpose of the CDA *Transactions* is to provide members with a record of the policies and decisions of the Board and the work of the Association's councils, committees and sections.



OFFICERS AND OFFICIALS

1969 - 70

President -----H. R. MacLean, Edmonton
President-elect -----W. J. Spence, Toronto
Immediate Past President -----H. Brouillet, Montreal
Executive Director -----W. G. McIntosh, Toronto
Editor -----F. H. Compton, Toronto
Associate Editor -----M. P. Tenenbaum, Montreal
Treasurer -----J. B. Taylor, London
Chairman of the Board -----P. S. Christie, Halifax

EXECUTIVE COUNCIL

H. R. MacLean	H. Brouillet	W. J. Spence
L. Bernier	J. E. Abra	L. E. English
	A. L. MacIsaac	

BOARD OF GOVERNORS

J. E. Abra	B. P. Kearney
M. B. Archambault	A. L. MacIsaac
L. Bernier	H. R. MacLean
R. O. Brett	J. E. Merritt
H. Brouillet	H. L. Mussells
D. C. Clee	G. G. Orser
W. C. Deacon	D. K. Peters
L. E. English	J. F. Reid
R. A. Gray	E. J. Siegel
I. Hrabowsky	W. J. Spence
H. M. Jolley	

A G E N D A

1970 BOARD OF GOVERNORS

June 29-July 1
1970

Monday, June 29

9 a.m.	Call to order Invocation Official call of the Meeting Presentation of Credentials Roll Call Special orders of business Adoption of agenda Minutes of previous meeting Necrology Report President's Report Reference Committee assignments Assignment of submitted resolutions Manual for conduct of meetings
10.00 a.m. - 12.30 p.m.	Reference committees meet
2.00 p.m.	Reference committees meet
8.00 p.m.	Reference committees meet

Tuesday, June 30

9.00 a.m.	Reference committees meet
2.00 p.m.	Second session of Board Presentation of reports Presentation by Royal College of Dentists of Canada Presentation by CFDE
8.00 p.m.	Reference committees meet

Wednesday, July 1

9.00 a.m.	Third session of Board Presentation of reports
10.00 a.m.	Report of Council on Constitution and By-laws
2.00 p.m.	Fourth session of Board Presentation of reports Treasurer's Report Nominations Committee Report Elections Unfinished business Adjournment

REFERENCE COMMITTEE PERSONNEL*

<i>Committee #1</i>	Chairman - Hrabowsky	<i>Reporters</i>
Agenda: Executive Council		Bernier
Convention		Kreutzer
Headquarters Property		Jolley
Ethics		Brett
Library		Langlois
Periodontology (S)**		Orser
 <i>Committee #2</i>	 Chairman - Kearney	
Agenda: Paedodontics (S)		Dunn
Orthodontics (S)		MacIsaac
Education		Abra
Legislation		Merritt
President		Peters
Prosthodontics (S)		Derrick
 <i>Committee #3</i>	 Chairman - Siegel	
Agenda: Endodontics (S)		Francis
Hospital Services		Gray
Oral Surgery (S)		Smylski
Specialists		Currie
Research		Reid
Dental Services		Deacon
 <i>Committee #4</i>	 Chairman - Archambault	
Agenda: Auxiliary Services		English
Public Health (S)		Way
Public Health		Allison
Insurance		Clee
Restorative Dentistry (S)		Davey
Treasurer		Mussells
 <i>Special Resolutions Committee</i>	 Chairman and Reporter	 Yule
Agenda: Special resolutions		

**Personnel: Council and Committee Chairmen and Section Officers are expected to attend when reference committees are discussing their particular reports. At other times they are free to attend the reference committee of their choice.*

***Section*

AUXILIARY SERVICES

MEMBERS: E. F. Allison, Chairman, Calgary; T. A. Cacchioni, Vancouver; F. T. Wihak, Regina; H. A. Allen, Winnipeg; N. L. Simon, Hamilton; S. Silver, Montreal; D. C. Hatheway, Nashwaaksis; W. B. Coleman, Halifax; H. C. Stewart, Kensington; W. H. J. O'Driscoll, St. John's.

R E P O R T

1. The Committee met for two days: March 9-10, 1970. All provinces were represented except Manitoba.

PROVINCIAL AUXILIARY SERVICES COMMITTEES

2. All provinces, with the exception of Manitoba, have active provincial auxiliary services committees.

TERMS OF REFERENCE

3. The committee agreed in principle with its amended terms of reference as rewritten by the Board of Governors at the 1969 annual meeting (1969 *Trans*:6,3).

TECHNICIANS - AD HOC COMMITTEE

4. The dental technicians ad hoc committee (1969 *Trans*:7,5) was unable to bring in its 1970 report owing to a late resignation from Dr. Allen and illness of Dr. Simon. The ad hoc committee has been reconstituted and will report to the committee at its 1971 meeting.

POLICY ON SERVICES OF AUXILIARIES

5. The Executive Council asked the committee to reconsider the subject of an "Association policy on" services of auxiliaries! The committee reviewed the defeated resolutions it had proposed on this subject in 1968 and 1969 (1968 *Trans*:7,15 and 1969 *Trans*:6,4). With unanimous endorsement by members of the committee the following resolution is submitted for consideration by the Board.

Resolved:

Whereas the services of dental auxiliaries are essential to the efficient delivery of dental health care, and

Whereas the licensed dentist must assume the ultimate responsibility for the welfare of his patient and competent performance of all dental services rendered at his direction, regardless of the personnel involved in the delivery of these services,

Therefore be it resolved that it is the right of the dentist, subject to his licensing authority, to delegate to formally trained auxiliaries over whom he exerts effective supervision and control such duties as do not require the professional knowledge and skill of the dentist, and

AUXILIARY SERVICES

That it be respectfully recommended to provincial licensing authorities that they extend every effort to create such legal environment for the practice of dentistry, as will make possible the effective implementation of the above principle.

Rejected.

The Board proposes the following substitute resolution:

Whereas the services of dental auxiliaries are essential to the efficient delivery of dental health care, and

Whereas the licensed dentist must assume the ultimate responsibility for the welfare of his patient and competent performance of all dental services rendered at his direction, regardless of the personnel involved in the delivery of these services,

Therefore be it resolved that it is the prerogative of the dentist, subject to his licensing authority, to delegate to formally trained auxiliaries over whom he exerts effective supervision and control such duties as do not require the professional knowledge and skill of the dentist.

Adopted.

DENTAL HYGIENISTS

6. Canadian Dental Hygienists' Association was competently represented by its president, Mrs. P. Johnson, who outlined their main areas of concern, namely:

- (1) the CDHA's relationship to this committee,
- (2) the CDHA's relationship to the increasing number of organizations and groups outside the CDA who are asking for information and recommendations concerning dental hygiene and the delivery of dental services.

7. Mrs. Johnson asked the committee to define (1) and give guidance on (2). The committee acted by approving the following resolution:

Whereas the Canadian Dental Hygienists' Association, the Canadian Dental Nurses and Assistants Association and the Canadian Federation of Dental Technicians are established active national groups and should have direct liaison with the Auxiliary Services Committee and the Board of Governors of the CDA,

Therefore be it resolved that the chairman of the Auxiliary Services Committee be authorized to appoint three separate subcommittees to have a continuing interest in and liaison with the national organizations of dental hygienists, dental assistants and dental technicians respectively, and

That the subcommittees attempt to familiarize themselves with the current and projected problems of each group in respect of their role in the dental team, and further

That the subcommittees report to the next meeting of the Auxiliary Services Committee, offering suggestions and recommendations as to how the CDA can provide effective leadership through the corporate

AUXILIARY SERVICES

members to coordinate the efforts of the dental team in services to the Canadian public.

8. In order to develop and maintain good liaison between the CDHA and the Auxiliary Services Committee, the committee recommended that the CDHA appoint a permanent representative to liaise and discuss problems of mutual concern with the chairman of the Auxiliary Services Subcommittee on Dental Hygiene.
9. Because of variations in provincial hygienist regulations and the lack of representation on provincial dental licensing boards, the following resolution is proposed for Board approval:

Resolved:

Whereas regulations governing the practice of dental hygiene are currently encompassed in provincial dental acts,

Therefore be it resolved that the Auxiliary Services Committee supports the principle of dental hygiene having a voice on provincial dental licensing boards,

and recommends

that the Board of Governors also endorse this principle and encourage the provincial licensing boards to give it careful consideration.

There was considerable difference of opinion as to whether the above resolution should be completely deleted. The following is substituted for the resolution in paragraph 9:

Whereas regulations governing the practice of dental hygiene are currently encompassed in provincial dental acts, and

Whereas examinations, licensing and disciplining of dental hygienists is administered by provincial dental licensing boards,

Therefore be it resolved that the Canadian Dental Association supports the principle of a close liaison being maintained between the dental hygienists and the provincial licensing boards, when any action is contemplated by the provincial licensing boards which would have a direct effect on the dental hygienists.

Adopted.

DENTAL ASSISTANTS

10. The Canadian Dental Nurses and Assistants Association has been ably guided by Miss Elaine Wesley, its president and Miss Penny Waite, the certification chairman. Both presented reports to the committee, dealing extensively with CDN & AA's efforts to establish a certification program for dental assistants. Hope was expressed that such a program would be a reality in 1970.
11. The Council on Education has undertaken to establish minimum requirements for approved programs in dental assisting and to accredit these programs. The CDNAA's certification committee will certify the products of these educational courses. From the minutes of the Council on Education, February, 1970, a two-part report was received by the Auxiliary Services Committee on "Requirements, Policies and Guidelines for the Training of Dental Assistants. Part I -

AUXILIARY SERVICES

Minimum Requirements for Education Programs in Dental Assisting, Part II - Mechanism for Accrediting Courses in Dental Assisting."

12. Dr. Marjorie Jackson commented on dental assisting courses within high schools and post secondary educational institutions.

MANPOWER CONFERENCE

13. An informal address was given to the committee by Dean Dunn on his impression of the 1969 Manpower Conference and its possible effect on dental auxiliaries.

PROVINCIAL AUXILIARY SERVICES COMMITTEES

14. Reports of various provincial auxiliary services committees were reviewed and placed on file. Lack of permissive legislation seemed to be the most common barrier to extending the duties of dental auxiliaries.

The Auxiliary Services Committee is commended for a very good report and its dedication to the establishment of a principle.

CANADIAN FUND FOR DENTAL EDUCATION -REPORT TO THE CANADIAN DENTAL ASSOCIATIONBOARD OF GOVERNORS - JUNE 1970

1. The Eighth Annual Meeting of the Board of Trustees of the Canadian Fund for Dental Education was held at 234 St. George Street, Toronto, on April 23 and 24, 1970, with all members in attendance. The audited statement for the year ending December 31, 1969, was approved and showed total receipts from all sources for the year at \$92,384.00 with disbursements amounting to \$82,059.00. It is particularly gratifying to note that contributions from individual members of the profession increased by more than thirty per cent over the previous year and contributions to the Living Memorial Fund increased by one hundred per cent. Net disbursements to dental education amounted to more than sixty thousand dollars, the greater part being in teaching and research fellowship awards.
2. Dr. W. H. Feasby as chairman of the Advisory Committee on Fellowship Selection reported to the Board on behalf of his colleagues, Drs. W. G. Campbell of Winnipeg, Dr. H. A. Hunter of Toronto, and Dr. Ralph Burgess, the latter being the nominee of the Canadian Dental Association's Council on Research. Of the 25 applications, 19 were recommended for support in amounts ranging from \$500.00 to \$4,500.00 to a total allocation of \$37,350.00. In addition to the awards approved at this and at the previous annual meeting, \$7,400.00 had been allocated between meetings to fellowship students.
3. Following the principle of having the different regions of the country represented on the Advisory Committee from time to time, yet maintaining reasonable continuity in membership, the Board decided to seek the assistance of a faculty member from the Province of Quebec to replace Dr. W. G. Campbell of Winnipeg. Dr. Campbell has served for a number of years on the Advisory Committee and the Trustees wish to record their very sincere appreciation for his "conscientious efforts" which have been so very valuable to the work of the committee.
4. The trustees are reviewing their policy with regard to fellowships. To date these awards have been the prime interest of the Fund. While the present type of support is undoubtedly of great benefit to the individual recipient and does provide assistance to a large number of applicants across Canada, there is some doubt as to whether the form of the awards is such that it could be considered a major factor in attracting into teaching and research careers people who otherwise might not be able to undertake the necessary studies. With this in mind the trustees are asking themselves and others the question, whether the monies expended in fellowships might be more effective in increasing the needed supply of teachers and research people if the number of awards was reduced and the value increased substantially so that graduates of some years' standing might find it possible to pursue advanced studies. It may be that potentially excellent teachers could be recruited from this group of individuals who because of heavy financial commitments incurred through the establishment of a practice, and family, cannot now consider such a career change.
5. Once again the Fund made a grant to each of the ten Canadian faculties of dentistry "to be used only at the discretion of each dean or director." These grants have been used most effectively to promote a variety of projects which would not have been possible, or at least would have had to be deferred for a significant period of time, without the assistance of the Fund.
6. Two special grants were awarded to the Association of Canadian Faculties of Dentistry. The first, to assist in the financing of its Biennial Dental Research

and Education Conference which was held in Vancouver a week ago in conjunction with the annual meeting of that association. The second grant was awarded to finance a study of Canadian dental libraries with a view to determining not only their present status but the reasonable needs in the years ahead, with particular reference to the effects of a rapidly changing technology on dental library service.

7. In anticipation of a request from the Canadian Dental Association for funds to finance a 1970 student conference, the Board approved the allocation of a sum of money to meet this potential need. A firm indication has been given by a national company that they would be prepared to assist in financing the project.
8. Additional funds available to the Board this year permitted the introduction of new scholarship and bursary programs. With the assistance of funds provided from the Canadian Dental Hygienists' Association, a scholarship in the amount of \$200.00 will be offered to each of the Canadian schools of dental hygiene, on the understanding that the candidate must be enrolled in the second year of hygiene in an accredited school of dental hygiene, the candidate must have achieved a high academic standard and have participated in organised undergraduate activities. It is anticipated that these awards will be granted at the close of the 1970-71 academic year.
9. Mr. C. C. Jewson, Secretary of the Governing Board of Dental Technicians of Ontario, appeared at the request of the trustees to present a brief concerning the program in dental technology at the George Brown College in Toronto. After carefully reviewing the contents of the three year full-time course of studies, and the standards of the institution, the trustees approved the establishment of a Canadian Fund for Dental Education Scholarship in the amount of \$250.00 to be made available to a student in each of the first and second years of the dental technology course "who is judged to have reached the highest standing on the completion of his year, the first payment to be made payable at the end of 1970." In addition a dental technology bursary fund was established for the George Brown College, the terms of which are to be established and the fund administered by the Chairman and the Executive Director of the Canadian Fund for Dental Education. A bursary in the amount of \$250.00 per student will be provided by the Fund contingent on the dental laboratory industry providing a like amount.
10. The Trustees considered a number of other types of applications for awards but with limited resources were unable to meet all of the requests. As a matter of policy it was agreed that at the present time the Board could not "entertain requests for individual travel grants for short courses, conferences, conventions or the like."
11. A national company has indicated that it will make a sum of \$1,500.00 available annually for the purpose of providing advanced educational experience for an established teacher or research worker. This is a variation from our normal fellowship award which primarily aids new teachers and researchers. The purpose of the new award would be to upgrade and refresh teachers who have had some years of experience in their present type of duty and to provide a means to exchange ideas between the several faculties of dentistry in Canada.
12. Another proposal under consideration by the Trustees for which there also appears to be a good prospect of special funding from a national company, is a bursary or scholarship program to support disadvantaged Canadian students such as Indians or Black people. There has not been time to fully explore the implications of such proposal but steps have been taken to consult with

knowledgeable people on this subject.

13. The desirability of establishing visiting professorships is also under review. The purpose of supporting this type of award is again directed to upgrading dental education and research. In providing the money for a distinguished professor to spend a period of time in one or more of the Canadian dental schools, it would be expected that he contribute to the advancement of programs for both staff and students.
14. In projecting development of the Fund over the next few years, the Trustees gave careful consideration to the composition of the Board and concluded that its work could be greatly strengthened by the inclusion of additional trustees. On special invitation Dr. S. Margolese of Vancouver attended and participated in the deliberations of the annual meeting. It was apparent that because of the size and geographic position of British Columbia, it would be highly desirable to add a representative from that province to the Board of Trustees, leaving the incumbent Western representative to assume major responsibility for the three Prairie provinces. With this in mind the Trustees place in nomination the name of Dr. S. Margolese as an additional member of the Board of Trustees.
15. In order to establish closer collaboration with the Canadian Dental Association, and recognizing his particular experience and capabilities, the Board wishes to nominate Dr. W. G. McIntosh, the Executive Director of the Canadian Dental Association, to be an additional member of the Board of Trustees.
16. Because of his keen interest for many years in the developments in Canadian dentistry, his active association with the American Fund for Dental Education, and his many other talents, the Board of Trustees is pleased to place in nomination the name of Dr. Harold Hillenbrand, Executive Director Emeritus of the American Dental Association, for membership on the Board of Trustees.
17. At the annual meeting, the Trustees accepted the resignation of Dr. Louis Lepine of Montreal, and Dr. Harvey W. Reid of Toronto, both founding members of the Fund. Each of these men have given distinguished service and the Board, while regretfully recommending acceptance of their resignations, does wish to record sincere appreciation for the keen interest and assistance which these men have given to the Fund since its inception.
18. The Board also received a letter of resignation from your chairman, Dr. J. D. McLean, and while prepared to accept his resignation as chairman, they prevailed upon him to remain on the Board for one additional year so that continuity will not suffer as severely as it would from the loss of a majority of trustees in one year.
19. The Board of Trustees is pleased to nominate Mr. M. E. Bower of Toronto as a member of the Board and recommends his appointment as chairman to succeed Dr. McLean. Mr. Bower was also a founding member of the Board of Trustees and, while he retired as a trustee a few years ago, has nevertheless continued to maintain a keen and enthusiastic interest in the Fund's development. Mr. Bower recently retired from active business life. The Board enthusiastically proposes that he be invited to assume the senior post on our Fund.
20. The Board is also pleased to nominate Dr. Henri Brouillet of Montreal as a replacement for Dr. Lepine, and Dr. Mark Boyes of Toronto to replace Dr. Harvey Reid.
21. Each of the foregoing persons has been apprised of the Board's wishes and has

agreed to allow his name to stand in nomination for the stated position.

22. The Trustees wish me to reaffirm our very sincere appreciation to the Canadian Dental Association, and particularly to Dr. W. G. McIntosh and Dr. F. H. Compton, as Editor of the *Journal*, for the invaluable assistance which has been given in so many ways again this year. To Mr. D. Murray McDonald our Executive Director, and to Miss Ingrid Kleysteuber our thanks for their "untiring efforts" and "conscientious service to the Canadian Fund for Dental Education throughout the year."
23. In conclusion, may I take the opportunity to express my personal thanks for the privilege of serving as chairman of this important body in Canadian dentistry. It has been an exciting and valuable experience to have been associated with such an exceptional group and to have participated from the outset in the establishment of what I am convinced is one of the most valuable dental services to our profession and the people of this country.

MEMBERS: Remy Langlois, Chairman, Quebec; P. S. Christie, Halifax; J. P. Coupland, Ottawa; W. P. Munsie, Vancouver.

R E P O R T

BY-LAW REVISION

1. Members of the Council on Constitution and By-laws attended the Special Session of the Board of Governors, Oct. 31-Nov. 1, 1969, as observers.
2. Council was instructed by the Board to redraft and refine the by-laws incorporating the principles established by the Board at its Special Session.
3. This phase of the assignment was completed in January, 1970, and submitted to the Association's solicitor for study.
4. On 10 February, 1970, your council chairman, the solicitor and the Executive Director met in Toronto to review the proposals made by the solicitor. The solicitor made one suggestion that was contrary to the principles approved at the Special Session of the Board. This exception is explained in the solicitor's letter which is part of Appendix A to this report.
5. The refined draft, Appendix A, was distributed by the Executive Director in March, 1970, to members of the Board, to corporate members and to chairmen of councils, committees and sections. This distribution served as official notice of the proposed by-law amendments as required by current by-laws. (See Article XXII, Section 1.)
6. Members of the Board will recall that the deliberations of its Special Session left a few by-law sections blank and these were to be drafted and inserted by the council. With the exception of these sections, which the chairman of council will be pleased to identify, and the one major change recommended by the solicitor, every effort has been made to have the proposed new by-laws accurately reflect the decisions made by the Board at its Special Session.

Resolved:

That the CDA by-laws be amended as proposed in Appendix A to this report.

Adopted.

CANADIAN ACADEMY OF PERIODONTOLOGY

7. Council was asked for comment on a proposed amendment to the by-laws of the Canadian Academy of Periodontology as stated in Appendix B. Council approved the amendment. See Periodontics report paragraphs 8 and 9.

CANADIAN ACADEMY OF ORAL PATHOLOGY

8. In 1969 the Council on Constitution and By-laws reported that it had considered a proposed Constitution and By-laws for the Canadian Academy of Oral Pathology and would seek further clarification on several points before recommending their approval (1969 *Trans*: 13). The by-laws had been submitted along with an application for section status.
9. Council has during the year consulted with Dr. H. Hunter, president of the

CONSTITUTION AND BY-LAWS

Academy, and an amended version of the Academy's Constitution and By-laws, satisfactory to council, is now on file.

10. Board approval of the Academy's Constitution and By-laws will not be requested until the present moratorium on the recognition of additional sections (1969 *Trans*: 135,5) is lifted.

APPENDIX A

Letter from Shibley, Righton & McCutcheon to Dr. W. G. McIntosh:

In preparing the draft by-laws, we provided in Article IV Section 2 that the appointive officials be appointed by the Executive Council pursuant to Article VI Section 8(b). In the proposed by-laws which were forwarded to us, it was suggested that the appointive officials be appointed by the Board of Governors on the advice of the Executive Council.

It was our opinion that the requirement that the appointive officials be appointed by the Board of Governors would not prove workable in practice. In order to hire a qualified person for a position, it would be necessary to give some definite or speedy assurance to the individual that he would be accepted by the Association for the position before this individual would consider terminating his practice, moving, etc. To negotiate with such a person and have him express his willingness to join the Association and then be required to wait until a Board of Governors meeting can be convened would, probably, in the end result mean a dearth of applicants.

If, however, it is still felt that the Board of Governors should make the appointment, the following amendments would be necessary in the by-laws:

Article IV Section 2, last sentence - "They shall be appointed by the Board of Governors on the advice of the Executive Council pursuant to Article VI Section 8(b)."

Article V Section 6 - a new sub-paragraph to be added to add as a duty of the Board of Governors - "To appoint the appointive officials."

Article VI Section 8(b) - "To advise the Board of Governors on the appointment of the appointive officials of the Association pursuant to Article IV Section 2."

C O N S T I T U T I O N

AND

B Y - L A W S

OF THE

C A N A D I A N D E N T A L A S S O C I A T I O N

as adopted July, 1970

CANADIAN DENTAL ASSOCIATION
234 ST. GEORGE ST., TORONTO 180

CONSTITUTION AND BY-LAWS

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CONSTITUTION

3rd Session, 19th Parliament

6 George VI, 1942

THE SENATE OF CANADA BILL

An Act to incorporate the Canadian Dental Association

PREAMBLE

Whereas the persons hereinafter named, on behalf of the unincorporated association known as "Canadian Dental Association, L'Association Dentaire Canadienne," have by their petition prayed that it be enacted as herein-after set forth, and it is expedient to grant the prayer of the said petition: Therefore, His Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

INCORPORATION

1. Sydney Wood Bradley, Lorne E. MacLachlan, Thomas Provost and Felix A. French, all of the city of Ottawa, in the county of Carleton, in the province of Ontario, dentists, and all other members of the said unincorporated association, together with such other persons as become members of the association hereby incorporated, are incorporated under the name, in English, of "Canadian Dental Association" and, in French, of "L'Association Dentaire Canadienne," hereinafter called "the Association" and either the English or the French name may be used in carrying on the business operations of the Association.

OBJECTS

2. The objects of the Association shall be:
- (a) To cultivate and promote the art and science of dentistry and all its collateral branches, and to maintain the honour and interests of the dental profession;
 - (b) To conduct, direct, encourage, support or provide for exhaustive dental and oral research;
 - (c) To elevate and sustain the professional character and education of dentists;
 - (d) To promote mutual improvement, social intercourse and goodwill among the members of the profession;
 - (e) To enlighten and direct public opinion in relation to oral hygiene, dental prophylaxis, oral health and advanced scientific dental

CONSTITUTION AND BY-LAWS

service;

- (f) To disseminate knowledge of dentistry and dental discoveries;
- (g) To have cognizance of and safeguard the common interests of the dental profession;
- (h) To publish dental journals, reports and treatises;
- (i) To do all further or other lawful acts and things as are incidental or conducive to the attainment of the above objects.

BY-LAWS AND RULES

3. The Association may make such by-laws and rules, not contrary to law or to the provisions of this Act, as it may deem necessary or advisable for the government and management of its business and affairs, and especially with respect to the qualification, classification, privileges, rights, admission and expulsion of members, the fees and dues which it may deem advisable to impose, and the number, constitution, powers and duties and mode of election of its board of delegates, or its governing, managing or other subcommittees, and of its officers, and may from time to time alter or repeal all or any such by-laws and rules as it may see fit.

EXISTING CONSTITUTION, BY-LAWS AND RULES CONTINUED UNTIL CHANGED

4. Until altered or repealed in accordance with the provisions thereof, the existing constitution, by-laws, and rules of the said unincorporated association, in so far as they are not contrary to law or to the provision of this Act shall be the constitution, by-laws and rules of the Association.

PRESENT OFFICERS AND BOARD OF DELEGATES

5. The present officers and board of delegates of the said incorporated association shall continue to be the officers and board of delegates of the Association until replaced by others in accordance with the constitution, by-laws and regulations aforesaid.

POWERS

6. The Association may, for the purpose of carrying out its objects:

(a) subject to provincial laws:

(i) acquire by purchase, lease, gift, legacy or otherwise any real and personal estate and property, rights and privileges;

(ii) own and hold any such estate, property, rights or privileges;

(iii) sell, manage, develop, lease, mortgage, dispose of or otherwise deal therewith in such manner as the Association may determine:

provided, that real estate held by the Association shall not exceed in value at any one time the sum of five hundred thousand dollars;

- (b) make, accept, draw, endorse and execute bills of exchange, promissory notes and other negotiable instruments;
- (c) invest the surplus funds of the Association in such manner and upon such securities as may be determined;
- (d) borrow money as and when required for the purpose of the Association;
- (e) do all such other lawful acts and things as are incidental or may be conducive to the attainment of the objects of the Association.

MEMBERS NOT PERSONALLY LIABLE

7. No member of the Association shall, merely by reason of such membership, be or become liable for any of its debts or obligations.

CONSTITUTION AND BY-LAWS

BY-LAWS

ARTICLE I - NAME

The name of the Association shall be in English the *Canadian Dental Association* and in French *L'Association Dentaire Canadienne*.

ARTICLE II - MEMBERS

Section 1. Corporate Members

Corporate members shall initially consist of provincial statutory licensing bodies. A corporate member may, pursuant to Article III Section 1(a) assign its corporate membership to another provincial statutory dental corporation subject to the approval of the Board of Governors. Continuance of membership by a corporate member shall be contingent upon the payment of an annual grant established by Article XV. If a provincial statutory dental corporation which has become a corporate member by assignment fails to pay its annual grant when payable, its membership shall terminate and be deemed to be assigned to its provincial licensing body from which it was assigned its membership. No corporate member shall withdraw from membership except upon written notice to the Executive Director who will present the notice at the next annual meeting of the Board of Governors. No corporate member may withdraw from membership until the expiration of one year from the date of notice thereof. If a provincial statutory dental corporation withdraws from membership then on the expiry of the one year notice its membership shall be deemed to be assigned to the provincial statutory licensing body from which it was assigned its membership. The Executive Director will advise the corporate members of any notice of withdrawal within thirty days of the receipt by the Association of such notice or at the next annual meeting of the Board of Governors, whichever date shall first occur.

Section 2. Individual Members

Individual members shall consist of those licensed dentists who are registered as members of corporate members and who have been admitted to membership in the Association upon the recommendation of the governing bodies of corporate members.

Section 3. Honorary Members

Honorary members shall consist of persons who shall have made meritorious contributions to the art and science of dentistry, or who shall have rendered valuable service to the Association, and such other persons as may be determined by the Board of Governors and who shall have been nominated by the Executive Council, elected to honorary membership by the Board of Governors and who shall have consented to such election.

Section 4. Associate Members

Associate members shall consist of persons who shall have made application for and shall have been admitted to associate membership in the Association by the Executive Council.

Section 5. Student Members

Student members shall consist of persons who shall have been admitted to student membership in the Association by the Executive Council. Undergraduate students at an accredited dental school in Canada are eligible to become student members. Graduate dentists who have gone directly from their undergraduate program to a full academic year of advanced study at an accredited school or in a hospital program approved by the Association are also eligible to become student members.

ARTICLE III - PRIVILEGES OF MEMBERS

Section 1. Corporate Members

(a) A corporate member may assign its corporate membership to another provincial dental corporation, subject to the approval of the Board of Governors pursuant to Article II Section 1.

(b) A corporate member shall designate representatives to the Board of Governors pursuant to Article V Section 2(a), 2(b) and Section 3.

(c) A corporate member shall designate individual members of the Association pursuant to Article II Section 2 and Article XIV.

(d) A corporate member may designate to the Executive Council student members of the Association pursuant to Article II Section 5.

(e) A corporate member may make submissions to the Board of Governors by way of submitted resolutions pursuant to Article XXIII.

Section 2. Individual Members

(a) An individual member in good standing shall be entitled annually, to a certificate of membership, to receive the *Journal of the Canadian Dental Association*, to attend scientific meetings of the Association on payment of applicable registration fees and to enjoy all other facilities of the Association.

(b) An individual member in good standing shall be eligible for election or appointment to any office or agency of the Association, except as otherwise provided in these by-laws.

(c) An individual member under disciplinary sentence of suspension by a provincial licensing body may not hold office in the Association or participate in its proceedings. Temporary suspension will not be cause to forfeit eligibility to Association sponsored insurance plans.

Section 3. Honorary Members

An honorary member shall be entitled to receive a certificate of honorary membership and a complimentary subscription to the *Journal of the Canadian Dental Association*. He shall be entitled to attend scientific meetings under the auspices of this Association without payment of registration fee.

Section 4. Associate Members

An associate member in good standing shall be entitled annually, to receive a certificate of membership and the *Journal of the Canadian Dental Association*.

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He shall be entitled to attend scientific sessions of the Association on payment of applicable registration fees and to enjoy such other services as are authorized by the Executive Council. He shall not be entitled to serve as a member of the Board of Governors, the Executive Council or as chairman of a committee, but may serve as a member of a committee.

Section 5. Student Members

A student member in good standing shall have the same rights and privileges as an associate member.

ARTICLE IV - OFFICERS AND OFFICIALS

Section 1. Elective Officers

The elective officers of the Association shall be the President and the President-elect. Only individual members of the Association who are in good standing and are voting members of the Board of Governors shall be eligible to serve as elective officers.

Section 2. Appointive Officials

The appointive officials of the Association shall be the Executive Director, the Treasurer and the Editors. They shall be appointed by the Executive Council pursuant to Article VI Section 8(b).

ARTICLE V - BOARD OF GOVERNORS

Section 1. Composition

(a) There shall be a governing body called the Board of Governors which shall consist of the President, immediate Past President and additional voting members, who shall be designated representatives of the corporate members pursuant to Article V Section 2(b) provided that one of the additional voting members shall be the President-elect.

(b) In addition, there shall be four non-voting members, namely, the Directors of the Dental Divisions of the Department of National Defence, the Department of National Health and Welfare, the Department of Veterans Affairs and a student member representative.

(c) The Chairman of the Board of Governors and the appointed officials of the Association shall be *ex officio* members without the power to vote.

Section 2. Elections

(a) Each corporate member shall be entitled to elect or appoint one of its members to the Board of Governors and shall be entitled to elect or appoint an additional representative for each additional five hundred of its members or major portion thereof.

(b) Each corporate member shall elect or appoint its representative or representatives to the Board of Governors in such manner as the corporate member may decide.

(c) When the representative of a corporate member assumes the office of President such corporate member shall elect or appoint another representative to fill the vacancy on the Board of Governors so created for the duration of the said President's term of office.

Section 3. Certification

The secretary of each corporate member at least sixty days prior to the first session of the annual meeting of the Board of Governors shall provide the Executive Director with the names of its representative or representatives. In the event of sickness or other forced absence of a representative or representatives, a corporate member may change its representative or representatives providing notification of such change is given in writing to the Executive Director before seating the alternate representative.

Section 4. Financial Responsibility

(a) The Association shall assume financial responsibility for the President and immediate Past President and voting members of the Board of Governors to attend sessions of the Board of Governors.

(b) The Association shall also assume financial responsibility for the Chairman of the Board of Governors, the appointive officials and the chairmen of councils to attend sessions of the Board of Governors.

(c) The financial responsibility for non-voting members to attend sessions of the Board of Governors shall not be assumed by the Association.

Section 5. Powers

(a) The Board of Governors shall be the supreme authoritative body of the Association.

(b) It shall determine the policies which shall govern the Association.

(c) It shall have power to enact, amend and repeal the by-laws governing the Association pursuant to Article XXII.

(d) It shall have the power to adopt and amend the *Code of Ethics*.

(e) It shall have the right to elect honorary members.

(f) It shall have the power to approve all memorials, resolutions and opinions to be issued in the name of the Association.

Section 6. Duties

It shall be the duty of the Board of Governors:

(a) To elect the elective officers.

(b) To elect members of the Executive Council.

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- (c) To elect members of other councils.
- (d) To receive and act upon reports of the Executive Council, other councils and committees.
- (e) To adopt an annual budget.
- (f) To hear and determine any matters under dispute within the Association.
- (g) To receive and consider submitted resolutions from corporate members.
- (h) In establishing policy of the Association, such policy being declared as such by a majority vote of the Board, an affirmative vote of 60 per cent of the voting members of the Board of Governors present shall be required.

Section 7. Board Sessions

(a) Annual Session

The Board of Governors shall meet at least once annually at such time and place as may be determined by the Executive Council.

(b) Interim Session

An interim session of the Board of Governors shall be called by the President on a majority vote of the Executive Council or on written request of a majority of the members of the Board of Governors. The time and place of the interim session shall be determined by the President but must not be more than forty-five days after receipt of such request. The agenda of an interim session shall contain the subject or subjects referred to in the application for an interim session but shall be enlarged to include such other matters as proposed by governors who are not party to the application for an interim session by majority vote of the members present and voting at an interim session,

Section 8. Quorum

A majority of the voting members of the Board of Governors shall constitute a quorum.

Section 9. Notice of Meeting

(a) Annual Session

The Executive Director shall cause to be published in the *Journal of the Canadian Dental Association* an official notice of the time and place of each annual session and shall send to each member of the Board of Governors an official notice of the time and place of the annual session at least thirty days before the opening of each session.

(b) Interim Session

The Executive Director shall send an official notice of time and place of each interim session and a statement of the business to be considered thereat to each member of the Board of Governors not less than fifteen days before the opening of such session.

Section 10. Officers of the Board of Governors

(a) *Chairman and Secretary*

The officers of the Board of Governors shall be the Chairman of the Board and Secretary of the Board. The chairman shall be elected by the Board of Governors and shall be an officer of the Board of Governors without the right to vote. Only an individual or honorary member in good standing in the Association shall be eligible to serve as chairman. The Executive Director shall serve as Secretary of the Board. In the absence of the Chairman of the Board, the office shall be filled by the President. In the absence of the Secretary of the Board, the Chairman of the Board shall appoint a Secretary of the Board *pro tem*.

(b) *Duties of Chairman of the Board*

(i) To preside at meetings of the Board of Governors and perform such duties as custom and parliamentary usage require.

(ii) To appoint a secretary *pro tem* in the absence of the Secretary of the Board.

(iii) To appoint, with the consent of the Board of Governors, special committees to perform duties not otherwise assigned by the by-laws, which special committees shall serve until adjournment of the session at which they were appointed.

(iv) To appoint scrutineers to assist in determining the result of any action taken by vote of the Board of Governors.

Decisions of the Chairman of the Board shall be final unless an appeal from such decision shall be made by a member of the Board of Governors, in which case, a final decision shall be by a majority vote of the Board of Governors.

The Chairman of the Board shall hold no other elective office in the Association while he is serving as Chairman of the Board.

(c) *Duties of the Secretary of the Board*

It shall be the duty of the Secretary of the Board:

(i) To serve as the recording officer of the Board of Governors and the custodian of its records.

(ii) To cause a record of the proceedings of the Board of Governors to be published as the official transactions of the Board of Governors.

Section 11. Privilege of the Floor

The privilege of the floor at annual sessions of the Board of Governors shall be open to any member of the Association in good standing and otherwise at the discretion of the Chairman.

ARTICLE VI - EXECUTIVE COUNCIL

Section 1.

There shall be an Executive Council of the Association.

Section 2. Composition

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The Executive Council shall consist of the President, immediate Past President, President-elect and four additional members. The President-elect and four additional members shall be elected by the Board of Governors from its membership. The appointed officials of the Association shall be *ex officio* members without the right to vote.

Section 3. Qualifications

A member of the Executive Council must be a member of the Board of Governors. Should the status of any member of the Executive Council change in regard to the preceding qualifications during his term of office, that office shall be declared vacant by the President and such vacancy shall be filled as provided in Section 6 of this Article.

Section 4. Term of Office

The term of office of a member of the Executive Council shall be two years. The consecutive tenure of a member of the Executive Council shall be limited to three terms of two years each.

Section 5. Election

Members of the Executive Council shall be elected during the annual meeting of the Board of Governors pursuant to Article XII.

Section 6. Vacancy

In the event of a vacancy in the membership of the Executive Council, the President shall appoint a member of the Board of Governors to fill the unexpired term created by such vacancy.

Section 7. Powers

(a) The Executive Council shall conduct all business of the Association when the Board of Governors is not in session, subject to the Constitution, by-laws of the Association and the mandates of the Board of Governors.

(b) The Executive Council shall have power to establish administrative rules and regulations not inconsistent with these by-laws.

(c) The Executive Council shall have power to direct the President to call a special session of the Board of Governors pursuant to Article V Section 8.

(d) The Executive Council shall have full discretionary powers to cause to be published in or omitted from any official publication of the Association, any article in whole or part, except the editorials written or approved by the Editors.

(e) The Executive Council shall have power to establish *ad interim* policies when the Board of Governors is not in session and where such policies in the discretion of the Executive Council are essential to the management of the Association, provided however that such policies must be reported to the members of the Board of Governors within fourteen days of establishment thereof and presented by the Executive Council for review at the next following session of the Board of Governors.

Section 8. Duties

It shall be the duty of the Executive Council:

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(a) To supervise the maintenance of headquarters property owned or operated by the Association.

(b) To appoint the appointive officials of the Association pursuant to Article IV Section 2.

(c) To determine the date and place for convening each annual meeting of the Association.

(d) To control all clinics and exhibits in line with policies established by the Board of Governors.

(e) To cause to be bonded by a surety company all appointed officers and employees of the Association entrusted with Association funds.

(f) To cause all accounts of the Association to be audited by a certified public accountant at least once a year.

(g) To prepare a budget for carrying on the activities of the Association for each ensuing fiscal year.

(h) To review reports prepared for presentation and make recommendations concerning such reports to the Board of Governors.

(i) To submit an annual report of Executive Council activities to the Board of Governors and following each Executive Council meeting to submit a summary statement of the business of the meeting to the members of the Board of Governors.

(j) To nominate honorary members.

(k) To perform such other duties as are prescribed in these by-laws.

(l) To admit associate and student members pursuant to Article II Sections 4 and 5.

(m) To give direction to the bureaux of the Association as described in Article XI Section 3.

Section 9. Sessions

(a) Regular Session

The Executive Council shall hold at least three regular sessions in each year.

(b) Special Session

Special sessions of the Executive Council may be called at any time by the President. The President shall call a special session on request of a majority of Executive Council members. At least ten days' notice must be given to each member of the Executive Council in advance of such special session. The business of a special session shall be limited to that stated in the notice calling such session except by the unanimous consent of the members present and voting at such session.

Section 10. Quorum

Five of the voting members of the Executive Council shall constitute a quorum.

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ARTICLE VII - DUTIES OF ELECTIVE OFFICERS

Section 1. President

It shall be the duty of the President:

- (a) To preside at all meetings of the Executive Council in accordance with recognized parliamentary usage.
- (b) To serve as an official representative of the Association in its contacts with government, civic, business and professional organizations for the purpose of advancing the objects and policies of the Association.
- (c) To serve as an *ex officio* member of all councils of the Association.
- (d) To make a report at the annual meeting of the Board of Governors.
- (e) To make interim appointments in case of vacancies occurring in the Executive Council or in other councils.
- (f) To appoint special committees when considered necessary.
- (g) To call special sessions of the Board of Governors and/or the Executive Council pursuant to these by-laws.
- (h) To sign all official documents requiring his signature.
- (i) To delegate his responsibilities for appropriate reason when he is unable to fulfil same.
- (j) To perform such other duties as may be provided in these by-laws.

Section 2. President-elect

It shall be the duty of the President-elect:

- (a) To assist the President as requested in the performance of his duties.
- (b) To serve as Acting President in the event that the office of President becomes vacant.
- (c) To act as chairman of the Nominations Council.
- (d) To succeed to the office of President at the next annual meeting of the Board of Governors following his election as President-elect.

ARTICLE VIII - APPOINTIVE OFFICIALS

Section 1. Appointive Officials.

The appointive officials of the Association shall be the Executive Director, Treasurer and Editors, as provided in Article IV of these by-laws.

Section 2. Salary and Tenure

The salary and tenure of each appointive official shall be determined by the Executive Council.

Section 3. Executive Director

The duties of the Executive Director shall be:

- (a) To act as executive head of the central office of the Association.
- (b) To engage all employees of the Association except as otherwise provided in these by-laws.
- (c) To co-ordinate the activities of the Executive Council, all councils and bureaux of the Association.
- (d) To keep the records, minutes and be custodian of books, papers and documents.
- (e) To pay all accounts and keep accurate record of receipts and disbursements.
- (f) To furnish a surety bond in amount determined by the Executive Council, the premium of which shall be paid by the Association.
- (g) To perform such other duties as usually appertain to this office or as may be designated by the Executive Council or these by-laws.
- (h) To manage the bureaux of the Association according to the mandates of the Board of Governors and the directions of the Executive Council, pursuant to Article XI Section 3 of these by-laws.

Section 4. Treasurer

The duties of the Treasurer shall be:

- (a) To serve as custodian of all moneys, securities and deeds belonging to the Association.
- (b) To be one of the signing officers for the Association.
- (c) To present an annual report to the Board of Governors summarizing the Auditors' Report for the preceding year and the budget that has been proposed for the next succeeding fiscal year.
- (d) To perform such other duties as may be designated by the Executive Council or these by-laws.

The term of office for the Treasurer shall be three years with a maximum of two successive terms.

Section 5. Editors

There shall be an Editor-in-Chief and an Associate Editor. The respective duties shall be:

- (a) The Editor-in-Chief shall exercise full editorial control over the publication of the *Journal of the Canadian Dental Association*.
- (b) The Associate Editor shall be responsible for the French language content of the *Journal of the Canadian Dental Association*.

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ARTICLE IX - COUNCILS AND COMMITTEES

Section 1. Councils and Committees

(a) *Councils*

The councils of the Association shall be:

Auxiliary Services
Communications
Constitution and By-laws
Dental Services
Education
Ethics
Headquarters Property
Hospital Services
Insurance and Investment
Legislation
Nominations
Public Health and Preventive Dentistry
Research

(b) *Committees*

Special and reference committees as may be established by the Board of Governors and/or the Executive Council.

Section 2. Nomination and Election

(a) Nominees for membership on councils, including chairmen, shall be placed in nomination at the annual meeting of the Board of Governors pursuant to Article IX Section 4(k) of these by-laws.

(b) All council members shall be elected by the Board of Governors at the annual meeting pursuant to Article XII Section 6 of these by-laws.

(c) The Council on Nominations shall be nominated and elected by the Board of Governors at the annual meeting pursuant to Article IX Section 4(k) and Article XII Section 5 of these by-laws.

Section 3. General Rules

(a) The term of office of council members other than members of the Executive Council shall be three years.

(b) Except as otherwise provided in these by-laws, the tenure of office shall be limited to two terms of three years each except that an appointment to fill the unexpired portion of a vacancy shall not be considered as a term of office under these rules.

(c) The chairman of each council shall present a report of the council's activities to the annual meeting of the Board of Governors and at such other times as requested by the Board of Governors or the Executive Council.

(d) The chairman of each council on request of the Executive Council shall be responsible for presentation of a budget for the succeeding fiscal year.

(e) Any activities contemplated which are not covered by the stated duties

must be sanctioned by the Board of Governors or the Executive Council before action is taken thereon.

(f) When a new chairman of a council is designated, the former chairman shall turn over to the Executive Director any funds on hand, together with pertinent subject matter.

(g) A majority of the members of a council shall constitute a quorum thereof.

(h) The Board of Governors may alter the rules or terms of reference at any time pursuant to Article XXII of these by-laws.

Section 4. Terms of Reference for Councils

(a) *Council on Auxiliary Services*

The Auxiliary Services Council shall consist of a representative of each corporate member.

It shall be the duty of the Auxiliary Services Council:

(i) To study the need for and development of auxiliary dental personnel. Dental laboratory relations are to be considered by a committee of the Auxiliary Services Council.

(ii) To develop policies respecting auxiliary personnel.

(iii) To provide information respecting the proper use and training of auxiliary personnel by the profession.

(iv) To assist corporate members, when requested, concerning matters relating to auxiliary services.

(b) *Council on Communications*

The Communications Council shall consist of seven members.

The council shall have power to appoint committees and employ such personnel as necessary, within its jurisdiction, provided that if such employment involves the expenditure of funds other than those already allotted to the council they must be approved by the Board of Governors.

It shall be the duty of the Communications Council:

(i) To provide direction, under the guidance of the Board of Governors, for a continuing communications program to enhance the services of the Association to the public and the profession.

(ii) To be responsible for distribution of information through all channels of communication.

(iii) To be responsible for periodicals and publications issued by the Association. This shall include, but shall not be limited to, the *Journal of the Canadian Dental Association*.

(iv) To make recommendations for the management of the *Journal*

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and its advertising content.

(v) To be responsible for assignments to outside communications personnel when such personnel are retained by the Association and to be responsible for the satisfactory discharge of said assignments.

(c) *Council on Constitution and By-laws*

The Constitution and By-laws Council shall consist of four members.

It shall be the duty of the Constitution and By-laws Council:

(i) To review the Articles of the Constitution and By-laws in order to keep them consistent with the Association program.

(ii) To recommend amendments to the by-laws when considered necessary.

(iii) To draft or approve the proposed text of all amendments to the Constitution and By-laws prior to their submission to the Board of Governors.

(d) *Council on Dental Services*

The Dental Services Council shall consist of a representative of each corporate member.

It shall be the duty of the Dental Services Council:

(i) To study plans for health services in general, both proposed and in operation and, in particular, their relationship to dentistry.

(ii) To recommend for consideration principles and plans for dental health services.

(iii) To assist corporate members, when requested, in matters relating to dental health services.

(iv) To obtain and study information relating to the economics of dental practice.

(e) *Council on Education*

The Council on Education shall consist of nine members. Nominees for council membership will be drawn by the Nominations Committee from a resource pool to include the recommendations of the Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada and the Royal College of Dentists of Canada; a provincial registrar and the membership-at-large. In electing the membership of the Council on Education, the Board of Governors will assure that at least four members are active members of faculty of Canadian dental schools, that at least three members have no direct affiliation with a dental school, that the Association of Canadian Faculties of Dentistry and the National Dental Examining Board of Canada are assured at least two members each from among their submitted recommendations and that the Royal College of Dentists of Canada is assured at least one member from among its submitted recommendations, and that one of the members is a provincial registrar.

The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, and the Royal College of Dentists of Canada have the

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privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one representative each.

The Council on Education shall have power to adopt such regulations for the government of its actions and to appoint committees and subcommittees as it shall deem expedient.

The Council on Education shall have authority to appoint consultants or advisers and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, provided that if such appointments involve expenditures of funds other than those already allotted to the Council they must be approved by the Board of Governors.

It shall be the duty of the Council on Education:

(i) To give study to all matters relating to dental education.

(ii) To develop policies and make recommendations of the same to the Board of Governors in respect of matters relating to dental education.

(iii) To evaluate the various forms of dental education and to recommend revisions when necessary.

(iv) To accredit undergraduate, postgraduate and graduate programs in dentistry and programs in dental hygiene, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors.

(v) To approve dental internships and residences in accordance with requirements and standards approved by the Board of Governors.

(vi) To establish and maintain a recruitment program for students in dentistry and dental hygiene.

(vii) To administer the War Memorial Awards and to stimulate participation in the essay competition.

(viii) To develop policies and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry.

(ix) To assist corporate members and/or provincial licensing bodies, when requested.

(x) To develop and encourage a student member program for the Association.

(f) *Council on Ethics*

The Ethics Council shall consist of five members.

It shall be the duty of the Ethics Council:

(i) To study all matters relating to the ethical standing of the profession.

(ii) To recommend statements of ethical standards that are in the best interests of all concerned.

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(iii) To work with the corporate members for the establishment of ethical standards which are acceptable to the profession.

(iv) To promote ethical principles in the profession.

(g) *Council on Headquarters Property*

The Headquarters Property Council shall consist of three members.

The Headquarters Property Council shall have the power to appoint subcommittees, from time to time, as required, and to employ such personnel as necessary within its jurisdiction, provided that if such employment involves the expenditure of funds other than those already allotted to the council, the approval of the Executive Council must be obtained.

It shall be the duty of the Headquarters Property Council:

(i) To act as custodians of the headquarters property.

(ii) To ensure that the building and contents are adequately covered by insurance.

(iii) To arrange and oversee all necessary repairs and alterations to the building and grounds.

(iv) In general, to accept responsibility for the maintenance and improvement of the headquarters property in keeping with professional standards.

(h) *Council on Hospital Services*

The Hospital Services Council shall consist of five members.

It shall be the duty of the Hospital Services Council:

(i) To initiate and assist in maintaining a high standard of dental services in Canadian hospitals.

(ii) To encourage hospitals to obtain approval by the Association of their dental services which meet the basic standards or requirements established by the Board of Governors.

(iii) To examine dental services in hospitals and to issue, in the name of the Association, certificates of approval to those institutions having dental services which meet the basic standards or requirements established by the Board of Governors.

(i) *Council on Insurance and Investment*

The Insurance and Investment Council shall consist of seven members; one from British Columbia, one from the Prairie provinces, three from Ontario, one from Quebec and one from the Atlantic provinces. Members shall be eligible for three terms of three years each.

It shall be the duty of the Insurance and Investment Council:

(i) To choose the kinds of insurance and terms of coverage which are desirable for the membership to carry and which can be advantageously

purveyed to the membership on a group basis.

(ii) To survey the insurance market to determine the costs, terms and conditions of available coverage.

(iii) To negotiate the costs, terms and conditions of contracts with the chosen carriers.

(iv) To finalize contracts with the carriers only after the concurrence and authorization of the Board of Governors.

(v) To periodically review the insurance contracts in order to determine the suitability of contracts, the possibility of improved terms and of more economic terms and to assess the proposals of competing carriers.

(vi) To determine the time and manner of distribution of surplus of reserves over claims to the members participating in the particular contract.

(vii) To advise on and review Association sponsored pension and retirement savings plans, to negotiate the costs, terms, conditions and investment policies of all contracts respecting such plans and to finalize contracts only after the concurrence and authorization of the Board of Governors.

(viii) To recommend a premium collection agency and negotiate the terms of contract for premium collection.

(ix) To receive an annual report from the premium collection agency and to review the premium collection function of the agency to determine its efficiency and economy.

(x) To report annually all actions to the Board of Governors for approval.

(j) *Council on Legislation*

The Legislation Council shall consist of three members.

The Legislation Council shall have the power to add the provincial registrars as advisory members.

It shall be the duty of the Legislation Council:

(i) To protect and further the interest of the public and the dental profession in all matters of federal legislation and/or regulations.

(ii) To oppose or endeavour to modify any proposed or existing legislation or practices which are in conflict with existing policies of the Association.

(iii) To study existing or proposed legislation relating to dentistry, directly or indirectly, and make the results of such studies available for the use of other councils.

(iv) To include in an annual report a summary of newly adopted and also proposed federal and provincial legislation for the current year which may particularly affect the dental profession.

(k) *Council on Nominations*

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The Nominations Council shall consist of three members elected by the Board at its annual meeting pursuant to Article XII Section 5 of these by-laws, together with the President-elect who shall be chairman. The membership should be geographically representative of the Association and should include one or more past presidents.

It shall be the duty of the Nominations Council:

(i) To prepare a list of all elective offices to be filled, excluding those for the Nominations Council, and submit this list ninety days before the next annual session to members of the Board of Governors, council chairmen, presidents and secretaries of corporate members, and presidents and secretaries of Sections.

(ii) To invite, and receive in writing, nominations for each of the above elective offices. Nominations may be made *only* by members of the Board of Governors, council chairmen, presidents or secretaries of corporate members, presidents or secretaries of Sections. Except in the case of nominations to the Nominations Council itself nominations from the floor during the annual meetings will not be valid unless there are withdrawals from the list of nominations as presented by the Council on Nominations. The Board may then make further nominations from the floor.

(iii) To rule on the eligibility of the nominees.

(iv) To make further nominations as the council sees fit and to ensure that there is at least one eligible nominee for each vacancy. The Nominations Council shall not make nominations to its own membership as provided in Article XII Section 5 of these by-laws.

(v) To submit an annual report, listing alphabetically all eligible nominees for each open elective office. The annual report is to be included with other council reports for advance distribution prior to the annual meeting.

(1) *Council on Public Health and Preventive Dentistry*

The Public Health and Preventive Dentistry Council shall consist of five members. The chairman of each provincial dental public health council may act as an advisory member without financial responsibility of the Association.

It shall be the duty of the Public Health and Preventive Dentistry Council:

(i) To study, develop and compile information on public health plans and programs designed to improve the dental health of the population of Canada.

(ii) To study, develop and compile information on programs designed to prevent dental diseases and abnormalities; to advise corporate members and other agencies in regard to such programs; and to encourage the profession at large to assume its responsibilities in the overall field of prevention.

(iii) To prepare scientifically sound health education materials in forms designed for effective use on a national scale and to offer advice concerning their use.

(iv) To take whatever action is indicated to provide a national

dental health index for Canada.

(m) *Council on Research*

The Research Council shall consist of ten members. They shall represent geographically the corporate members of the Association insofar as this is feasible.

It shall be the duty of the Research Council:

- (i) To procure funds for the support of research in dentistry.
- (ii) To disseminate scientific knowledge.
- (iii) To support, establish and encourage research.
- (iv) To develop research personnel.

Section 5. Special Committees

Special committees of the Association may be created at any session of the Board of Governors or, when the Board of Governors is not in session, by the Executive Council, for the purpose of performing duties not otherwise assigned by these by-laws.

Section 6. Reference Committees

The Reference Committees to serve at the annual meeting shall consist of five individual members of the Association, at least one of whom shall be a member of the Board of Governors and who shall act as chairman of the committee. Members of Reference Committees shall be appointed by the President or the Executive Council at least sixty days in advance of each annual session.

It shall be the duty of each Reference Committee to consider reports referred to it, to conduct hearings open to all members of the Association and to report its recommendations to the Board of Governors.

ARTICLE X - SECTIONS

Sections of the Association shall be the national organizations of the specialties recognized by the Association and which have applied for and have been admitted to Section status by the Board of Governors.

Section 1. Sections

The Sections of this Association are:

- Section on Endodontics
- Section on Oral Surgery
- Section on Orthodontics
- Section on Paedodontics
- Section on Periodontics
- Section on Prosthodontics
- *Section on Public Health Dentistry
- *Section on Restorative Dentistry

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Section 2. Terms of Reference

(a) All by-laws and regulations of a Section must accompany the application for Section status for approval by the Board of Governors.

(b) All amendments to the by-laws or regulations of the Sections shall be forwarded forthwith to the Constitution and By-laws Council for review. Any conflict with the Constitution and By-laws or regulations of the Association shall be resolved by mutual consent in consultation with the respective Sections. Failure on the part of such Section to amend its by-laws or regulations to conform with those of the Association may result in loss of Section status.

(c) Membership in a Section shall be determined by the members of that Section.

(d) A Section shall elect from its members a chairman, vice-chairman, secretary and other officers as may be required by the by-laws or regulations of such Section.

(e) A Section shall be financially self-supporting.

(f) The chairman of each Section, or their official representatives, shall report annually to the Board of Governors.

Section 3. Functions

It shall be the functions of Sections:

(a) To supplement and cooperate with the activities of the Association.

(b) To act in an advisory capacity to the Association on matters relating to the Sections.

(c) To encourage better service for the public in practice, teaching and research in the specialized branch of dentistry.

(d) To assist the Association in the development of programs for the annual conventions.

(e) To assist in the dissemination of scientific knowledge through contributions of its members to scientific programs and journals.

ARTICLE XI - BUREAUX

Section 1. Bureaux

The bureaux of the Association shall be:

Bureau of Economic Research
Bureau of Public Information.

Section 2. Director

Each bureau shall have a director appointed by the Executive Council.

Section 3. Duties

It shall be the duty of the Bureau of Economic Research to collect, compile, develop, analyse and disseminate data and statistics that concern the dental profession.

It shall be the duty of the Bureau of Public Information to develop specific educational programs for the Association in conjunction with the Communications Committee.

The duties of each bureau shall be assigned by the Executive Council through the Executive Director.

ARTICLE XII - ELECTION OF OFFICERS

Section 1.

The election of officers, chairmen and members of the Executive and other councils shall take place at the annual meeting of the Board of Governors and shall be by vote of the members of the Board of Governors.

Section 2.

The President-elect shall succeed to the office of President without other election at the next annual meeting of the Board of Governors following his election as President-elect.

Section 3.

The report presented by the Nominations Council shall be received in advance of the annual meeting by the Board of Governors and the complete list of names of proposed candidates shall be placed in nomination at the annual meeting.

Section 4.

The President-elect, other members of the Executive Council, chairmen and members of other councils shall be elected by separate ballot.

Section 5.

Nominations for a member of the Nominations Council for a term of three years shall be made from the floor by a member or members of the Board of Governors.

Section 6.

All elections shall be by ballot and a majority of the votes shall be necessary to elect. In case no candidate receives a majority of the votes cast in the first ballot, the one receiving the least number of votes shall be dropped and a new ballot shall be taken. This procedure shall be continued until a candidate receives a majority of all votes cast, when he shall be declared elected.

ARTICLE XIII - TIME OF OFFICE

Except as provided in these by-laws, the elected officers, the members of the Executive and other councils shall assume and continue to hold office from the termination of one annual meeting and convention to the termination of the next following annual meeting and convention.

CONSTITUTION AND BY-LAWS

ARTICLE XIV - LIST OF INDIVIDUAL MEMBERS

A list setting forth in alphabetical order the names and addresses of all licensed dentists recommended by each corporate member for admission to and/or continuance of individual membership shall be submitted annually, on or before December 1st in each year. Forthwith upon the admission of any individual member to membership in the Association, a membership card shall be forwarded to each member. Every person included in the list of recommended licensed dentists submitted by a corporate member shall be deemed to be an applicant for membership in the Association unless, within thirty days of receipt by such applicant of his membership card in the Association, he shall notify the Executive Director that he does not desire to be or to continue to be a member. Any individual member shall be at liberty to withdraw from the Association at any time upon thirty days' notice.

ARTICLE XV - REVENUE

Section 1.

The revenue of the Association shall be derived chiefly from annual grants from the corporate members; the amount of said grants shall be determined by agreement among the corporate members.

Section 2.

There shall be due and payable by each associate and student member an annual fee, the amount of which shall be determined from year to year by the Executive Council.

ARTICLE XVI - MAIL VOTE

A mail vote of the Board of Governors or of the Executive Council on a resolution submitted in writing by registered mail shall be as effective and binding as if passed at a regularly constituted meeting when no negative ballots are returned within ten days of the date of the original mailing, provided that ballots have been returned by a quorum of voting members.

ARTICLE XVII - ETHICS

Section 1.

It shall be unethical for a dentist in the pursuit of his profession to do anything with regard to it which would be reasonably regarded as disgraceful or dishonorable by his professional colleagues.

Section 2.

Membership shall imply acceptance of the *Code of Ethics* of the Association.

ARTICLE XVIII - SEAL

There shall be an official seal of the Association, the imprint of which must appear on all official documents and papers.

CONSTITUTION AND BY-LAWS

ARTICLE XIX - EXECUTION OF DOCUMENTS

Contracts, documents or instruments in writing requiring the signature of the Association may be signed by the President and the Executive Director or by any two of the President, the Executive Director and the voting members of the Executive Council and all contracts, documents and instruments in writing shall be binding upon the Association without any further authorization or formality. The Executive Council shall have the power from time to time by resolution to appoint any person or persons on behalf of the Association either to sign contracts, documents or instruments in writing generally or to sign specific contracts, documents or instruments in writing.

ARTICLE XX - RULES

The rules contained in *Sturgis, New Edition*, shall govern the Association, the Board of Governors and the Executive Council in all cases to which they are applicable, and when not inconsistent with these by-laws.

ARTICLE XXI - SCIENTIFIC SESSION

Section 1.

Annual scientific sessions of the Association shall be established to foster the presentation and discussion of subjects pertaining to the improvement of the dental health of the public and the science and art of dentistry.

Section 2.

The time and place of the annual scientific session of the Association shall be determined by the Executive Council.

Section 3.

The Executive Council shall provide for the management of, and make all arrangements for each scientific session, including the establishment and collection of registration fees.

ARTICLE XXII - AMENDMENTS

Section 1.

These by-laws may be amended by the Board of Governors in session provided that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken. A copy of such proposed amendments shall be forthwith mailed by the Executive Director to each member of the Board of Governors, to the secretary of each corporate member and to the chairman of the Constitution and By-laws Council. Any such amendment shall require for adoption the affirmative vote of two-thirds of the members of the Board of Governors.

Section 2.

Any proposed amendments requiring decision of the Constitution and By-laws

CONSTITUTION AND BY-LAWS

Council shall be in the hands of the chairman of the Constitution and By-laws Council four months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken.

Section 3.

The notice of any proposed amendment required by Sections 1 and 2 hereof may be dispensed with by unanimous vote of the members of the Board of Governors present at any meeting. Any such amendment shall require for adoption the unanimous vote of the members of the Board of Governors present at any such meeting.

ARTICLE XXIII - SUBMITTED RESOLUTIONS

In order to receive the attention of the Board of Governors at annual sessions, "submitted resolutions" so labelled must be submitted by corporate members at least thirty days prior to the Board Session at which the resolution is to be considered.

APPENDIX B

CANADIAN ACADEMY OF PERIODONTOLOGY

Notice was received from the Canadian Academy of Periodontology through the Executive Director's office of the Academy's desire to amend Chapter III, Section 4, of its by-laws as follows:

CHANGE - CHAPTER III SECTION 4. NOMINATIONS AND ELECTIONS

Elective Officers shall be nominated from the floor at the first business meeting of the annual session, and election shall be by ballot.

to

CHAPTER III SECTION 4. NOMINATIONS AND ELECTIONS

Immediately following the election of new officers at the Annual Meeting, a nomination committee shall be established. This committee shall consist of the outgoing president and two (2) active members present at the meeting (but not members of the proposed incoming executive), who shall be elected from the floor.

This committee shall prepare and submit to the secretary a proposed slate of officers for the coming year. This list must be mailed to all active members of the Academy at least sixty (60) days prior to the Annual Meeting.

Nominations from the floor at the Annual Meeting will be accepted and elections held by closed ballot. In the event of absence of additional nominations for one or more offices, the names of the nominated members submitted by the committee shall stand elected, by sole vote of the secretary.

CONVENTION

EXECUTIVE: Dean H. R. MacLean, Dr. J. E. Abra, Dr. A. J. Shinoff (*ex officio*); Dr. J. P. Beattie, General; Dr. M. J. Snidal, Registration; Dr. G.W. Danzinger, Treasurer; Mr. R. H. McIntyre, Secretary.

Dr. S. M. Borden, Scientific program; Dr. R. C. Baker, Accommodation; Dr. P. Goldberg, Exhibits; Dr. M. I. Bernstein, Social. Dr. F. W. Jones, Host; Dr. E. G. Derrett, Program and Publicity; Mrs. Jane Snidal and Mrs. Shirley Borden, Ladies.

R E P O R T

GENERAL STATEMENT

1. It is felt that there are many basic differences in local physical facilities and personnel in convention cities and as a result it is almost impossible to make specific recommendations regarding changes. If this convention proves successful, clinically, socially and financially, then the convention sub-committee could consider and incorporate some of the ideas used here. Conversely they should benefit from our mistakes. The areas of difference will be emphasized in this report.

LOCALE

2. Lack of size and adequate facilities in Winnipeg hotels necessitated using the theatre complex. This has proved to have many advantages and a few disadvantages. The key necessities are adequate space for exhibitors in the main area, and adequate rooms to allow specialist and auxiliary groups to meet in the same location. The main disadvantage is expense, both in rental and in providing bus service from the hotels. We have found that planning a convention in a building such as this is most interesting and exciting and it is felt that this type of locale will contribute greatly to a successful convention.

ADMINISTRATION

3. Planning and administering a large national convention can be a prolonged and time consuming exercise, especially when the men involved are working to capacity with professional obligations. We feel that it is best to have a small core of 3 or 4 men who have the experience and knowledge and are willing to spend the time and energy to do the gross advance planning and arranging and then keep completely informed about the overall picture and make all general policy decisions. The various committees then have the time and the enthusiasm to concentrate on the details of their individual projects. We have been most fortunate in being able to greatly utilize the time and facilities of the Manitoba Dental Association offices and secretary Mr. Ross McIntyre. It would be impossible to run the convention without the services of such a key man with the facilities and energy to cooperate with each committee and coordinate their activities.

BUDGET

4. It is difficult to project a proposed budget because of the great fluctuation

CONVENTION

in the number of registrants over the past few years and because each convention has had its own terminology and breakdown of expenses and income. It would be helpful to have a standard series of headings showing a precise and accurate breakdown of all financial transactions for each convention. Our general philosophy is that the convention should only show a small profit, that everything possible should be spent to enhance the registrant's enjoyment. An example of this is the low \$20 per couple price for the President's Ball. The gourmet dinner, plus wine, plus entertainment and decorations will of course cost us more than this but it was felt that this should be the major social affair and should be subsidized. Similarly if there is an increase in number of registrants we will increase the services in other segments (Appendix A).

SCIENTIFIC PROGRAM

5. Many conventions provide an overwhelming variety of speakers and clinicians crowded into a limited time table. This results in confusion for the registrants, poor attendance at many good lectures, embarrassment to the speakers, great dissatisfaction among the exhibitors, plus needless expense. A simple program was therefore arranged, two main clinicians with adequate time to completely cover their topic in one presentation, three different panels, each again with adequate time to explore their subject matter, and a wide variety of projected clinics and table clinics covering every facet of dentistry. Definite breaks in the time table will provide time for relaxation and visiting exhibits.

ACCOMMODATION

6. Again because of local conditions reservations have had to be made in eleven different locations. This will create some confusion and certainly is not desirable for social activities. It has also necessitated the extra problems and expense of planning a comprehensive bus service from all hotels to the Centre and to the locations of the social affairs. In this situation it is necessary for the accommodation committee to have complete control over all room allotments. Advance registration has been promoted where possible and should be at every convention - it greatly simplifies the overall administration. In Winnipeg any last minute arrivals wanting rooms will have considerable trouble although we have made contingency plans regarding far out motels and billeting at private homes.

SOCIAL

7. The social program should prove quite different from the stereotype. An opening night should be attractive and lively to encourage early arrival and to set the spirit for the convention - we have made a great effort to ensure this. We think that this occasion with everyone attending including auxiliaries, exhibitors etc., is the proper time to have all welcome messages from VIP's. The President's Ball should be the prime social event of a convention and every effort made to get most registrants to attend. Consequently we moved this to the Thursday night when everyone should be still fresh and enthusiastic - we reduced the ticket price and we promise a lovely complete evening. Scheduling a free evening is a necessity so that the associated organizations can have their affairs without interfering with the convention plans. There appears to be an increasing tendency for registrants to leave a convention during the last day - this can create difficulties and embarrassment for speakers and for hotels. We hope to discourage this by providing a real fun windup party, the cost of which is included in the package registration fee. Our

CONVENTION

ladies are going all out on a Western Hospitality theme and every visiting wife will be made to feel personally welcome and her entertainment and other wishes will be completely looked after. This is a prime requisite of a successful convention.

HOST

8. The big difference here will be the informal buffet-style lunches served at the Centennial Centre. Convention luncheons promoted by local associations can be very boring to registrants from other areas - often there are lengthy introductions and speeches which are really unnecessary and of little general interest. There will be none of these at this meeting. A large hospitality area will be open throughout the days of the convention providing free coffee or soft drinks, and some dainties, plus a lot of comfortable chairs to rest and relax the weary.

PROGRAM AND PUBLICITY

9. On a national convention level these two segments are interdependent and should be handled by one committee.
10. Advance planning should permit some form of promotion at preceding conventions. We found there was quite a bit of interest in our materials at conventions attended in 1969.
11. Full cooperation with the *Journal* editor in providing local background material and information about the scientific program will result in the best publicity promotion - a comprehensive section in the March issue of the *Journal*.
12. A tourist oriented program was prepared for an April mailing rather than duplicating the convention time table. These were also sent to large numbers of American dentists in the mid-west as they are often interested in our meetings and in our vacation land. The convention program which is handed out only to registrants should be simple to understand and relatively inexpensive. Other methods of publicity are of doubtful overall value in convincing people to attend. All news releases and the handling of the news media during the Governors' meeting and the convention will be a joint effort of this committee and Carleton Cowan. Their professional PR knowledge should expedite matters but complete local cooperation is still necessary.

EXHIBITS

13. There was a reasonably heavy demand for booth space, approximately 90 being contacted. Most of the potential exhibitors were reasonably cooperative but some surprising cancellations occurred when their demands were not met. They do contribute considerably to a convention both financially and scientifically so every effort should be made to provide them with adequate space and adequate time for people to thoroughly visit their displays.

SPECIALIST GROUPS

14. Three of these groups are meeting concurrently with the CDA convention, while three others are meeting prior to the convention. In the latter instances many of the members will not be registering or attending our convention.

AUXILIARY GROUPS

AUXILIARY GROUPS

15. The hygienists' and the assistants' associations are meeting concurrently with the CDA at the Centennial Centre. We think that a decided effort should be made to ensure that these organizations feel a very definite part of the over-all convention picture. We are providing them space, loaning speakers, and making them welcome at the luncheons and social events. With very little extra effort a great deal of encouragement and help can be provided these girls who do not have the finances or experience to be on their own completely.
-
1. *This is an excellent report, being both informative and helpful.*
 2. *The Board is impressed with the initiative shown by the 1970 Convention Committee in trying out a new program format.*
 3. *Liaison with several special groups has been especially good. These groups are holding their meetings in conjunction with the national convention.*
 4. *Certain other specialist groups are holding their meetings proximal to but not in conjunction with the national convention. This causes some confusion and problems regarding accommodation, shared costs and section members' registration at the national convention. It is suggested that the conventions subcommittee take this under advisement in finalizing its new "Manual for CDA National Conventions."*

PRELIMINARY BUDGET

Registration fees - men - 600 x \$40.00 -----	\$24,000
ladies - 400 x \$15.00 -	6,000
Grants - Province of Manitoba -----	5,000
MDA -----	2,500
Exhibits (net) -----	17,000
Advertising -----	4,000
Miscellaneous -----	1,800
President's Ball - (350 x \$20.00) -----	7,000
	\$67,300

CONVENTION

Estimated Expenses

Centennial Centre -----	\$ 5,325
Scientific Program -----	5,000
Social -----	18,250
Host (Luncheons etc.) -----	8,700
MDA -----	2,000
Administration -----	9,000
Publicity and Programs -----	11,000
Registration -----	1,000
Ladies -----	6,500

<u>Estimated Surplus</u> -----	\$66,775	-----\$525.00
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DENTAL SERVICES

MEMBERS: P. E. Currie, Chairman, London; D. G. Hall, South Burnaby; R. G. Dickson, Drumheller; C. G. Halliday, Saskatoon; W. W. Shortill, Winnipeg; H. Hamel, Quebec; C. B. Allaby, Moncton; D. A. Eisner, Halifax; R. G. Romcke, Charlottetown; K. Walsh, St. John's.

R E P O R T

COMMITTEE MEETING

1. The Dental Services Committee met at CDA headquarters on March 11-12, 1970. All corporate members were represented. In addition, Dr. E. F. Allison, chairman CDA Auxiliary Services Committee and Dr. R. A. Connor, Chief Dental Health Division, Department of National Health and Welfare, attended on invitation of the chairman.

DENTAL HEALTH PLAN FOR CHILDREN

2. The discussion of suggestions submitted by the Canadian Academy of Paedodontics (1969 *Trans*: 25,10) resulted in the following motion:

Resolved:

That the Dental Services Committee recommends that the CDA's Dental Health Plan for Children, accepted by the Board of Governors in 1968 as a practical means of improving the dental health of the nation, include the following principles,

and

That if these principles are approved by the Board of Governors they be added to the Dental Health Plan for Children as an addendum.

1. The plan should provide for the application of preventive procedures in private practice when utilization of the public health service is inappropriate or should be supplemented.
2. Under the dental public health preschool and school programs all appropriate preventive measures should be applied where possible.
3. The dental health status of eligible children should be assessed regularly in a statistically sound manner.
4. The special clinics to be established to treat cleft palate and/or cleft lip cases should be expanded to include a wide range of handicapping conditions that require hospital centred care at major general and children's hospitals.
5. Covered treatment services should include prevention and interception of malocclusion by procedures which fall within the skill and knowledge of the general practitioner.
6. Covered diagnostic and treatment services may be rendered by a

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specialist when the patient has been referred by a practitioner of dentistry or medicine. Under these circumstances, the specialist should receive the appropriate specialist fee for included services.

The Board of Governors does not agree with the above resolution and recommends a substitute resolution as follows:

Resolved:

That the Dental Services Committee recommends that the CDA's Dental Health Plan for Children, accepted by the Board of Governors in 1968 as a practical means of improving the dental health of the nation, include the following principles,

and

That if these principles are approved by the Board of Governors they be added to the Dental Health Plan for Children as an addendum.

- 1. The plan should provide for the application of preventive procedures in private practice as well as in the public health services.*
- 2. Under the dental public health preschool and school programs all appropriate preventive measures should be utilized.*
- 3. The dental health status of eligible children should be assessed regularly in a statistically sound manner.*
- 4. The special clinics to be established to treat cleft palate and/or cleft lip cases should be expanded to include a wide range of handicapping conditions that require hospital care.*
- 5. Covered treatment services should include prevention and interception of malocclusion.*
- 6. Covered diagnostic and treatment services may be rendered by a specialist when the patient has been referred by a practitioner of dentistry or medicine. Under these circumstances, the specialist should receive the appropriate specialist fee for included services.*

Adopted.

With reference to paragraph 4 of the above resolution, the Board of Governors has some concern as to the interpretation of "wide range of handicapping conditions" to which the committee made reference. It is suggested that the committee prepare a serial listing of those handicapping conditions referred to in this clause.

3. The committee was informed that the November, 1968 request from the Executive Director to the corporate members for assistance in getting demonstration projects established has not received a meaningful response; indeed, there are only three projects under way which might yield some significant information. These projects are in North York, Prince Edward Island and Saskatchewan.

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LIST OF DENTAL SERVICES AND RELATIVE VALUE FEE FORMULA

4. Dr. Shortill, chairman of the subcommittee to review the list of dental services (1969 *Trans.* 22,4) submitted three proposals as additions to the list as published in the 1968 *Transactions*
 - (1) (1968 *Trans.*: 32) after the third line, Item C: Microscopic Examination of a Biopsy Specimen by a Dentist Qualified in Oral Pathology.
 - (2) (1968 *Trans.*: 32) after fourth line (Cytological Examination): Examination of a Smear by a Dentist Qualified in Oral Pathology.
 - (3) (1968 *Trans.*: 32) immediately following "Preventive Services": Topical Application of a Fluoride Solution.

Resolved:

That the above three proposed additions to the list of dental services be accepted by the Board as an addendum to the list of services as published in the 1968 *Transactions*.

Adopted.

FEE SCHEDULES

5. Arising from the discussion of Dr. Shortill's subcommittee report together with comments relating to the collection of provincial data (1969 *Trans.*: 22, 2 (3) (4) the following motion was adopted:

That it is the unanimous wish of this committee that each committee member assume the responsibility in his province for ensuring that:

1. Provincial Dental Services Committee minutes and other appropriate data from each corporate member be circulated to all other members of the CDA Dental Services Committee and CDA headquarters;
2. Copies of current provincial fee schedules and supporting information be forwarded immediately to all committee members and CDA headquarters;
3. Where applicable, each provincial interpretation of the Medical Care Act with respect to dental services be forwarded to Dr. D. Eisner and CDA headquarters and that any future changes be similarly forwarded.

PUBLIC ASSISTANCE PROGRAMS

6. The chairman of the subcommittee on public assistance programs, Dr. Dickson, (1969 *Trans.*: 24,7) reviewed his priority index submitted in March, 1969, to the committee members. The committee response did not reveal a consensus that could resolve a complex situation to a simple CDA policy statement, desirable as this might be for corporate members. Dr. Dickson agreed to continue his subcommittee's efforts to resolve this dilemma and produce a further refinement of priorities for submission to the next Dental Services meeting.

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PREPAYMENT PLANS

7. A wide-ranging and lengthy discussion of dental prepayment plans revealed the following:
- (1) A substantial increase during the past few months in the activity of private insurance carriers in the dental prepayment field.
 - (2) A new dental service committee in Manitoba set up to develop prepayment guidelines, and to provide an advisory service to insurance companies and other interested parties interested in promoting dental prepayment plans.
 - (3) The initiation of two prepaid dental contracts underwritten by the profession-sponsored Alberta dental service corporation.
 - (4) The rapid growth in the number of persons covered under contractual arrangements with the profession-sponsored dental services association of B.C.

Resolved:

Whereas the Dental Services Committee of the CDA is impressed by the increase in dental prepayment activity within the past few months by several potential carriers, and

Whereas the Board of Governors of the CDA has approved in principle the participation of the profession in both private carrier and profession-sponsored plans as a means to more comprehensive dental care for the Canadian public, and

Whereas the experience of some corporate members could be of significant assistance to other corporate members previously inactive in the prepayment field, therefore

Be it resolved that the Board of Governors of the Canadian Dental Association encourage the corporate members to utilize, as they deem appropriate for their own particular purposes, the currently available resources of headquarters and the CDA Dental Services Committee.

Adopted.

MEDICAL CARE ACT

8. A discussion of the discriminatory regulations of the federal Medical Care Act relating to dentists and dental services resulted in the following motion:

Resolved:

Whereas current federal medicare legislation requires that services performed by dentists be rendered in hospital in order to be compensable under the Act,

Whereas this discriminates against both the dentist and his patient,

Whereas this discrimination creates an increased utilization of hospital services,

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Whereas this restriction of services by dentists can impose an inconvenience to the public,

Whereas this discrimination interferes with the traditional role of the dentist in providing treatment services,

Whereas this discrimination restricts the right of the patient to free choice of practitioner,

Therefore the Dental Services Committee views with concern this discriminatory legislation and recommends to the Board that they re-examine the implications of the legislation and develop such policies as will best serve the public and the dental profession.

In reply to the Dental Services Committee resolution, the Board proposes the following two resolutions:

1. *Whereas current federal medicare legislation requires that certain services performed by dentists be rendered in hospital in order to be compensable under the Act,*

Whereas this discriminates against both the dentist and his patient,

Whereas this discrimination creates an increased utilization of hospital services,

Whereas this restriction of services by dentists can impose an inconvenience to the public,

Whereas this discrimination interferes with the traditional role of the dentist in providing treatment services,

Whereas this discrimination restricts the right of the patient to free choice of practitioner,

Therefore be it resolved that the federal government be requested to remove the "in-hospital" restrictions on those dental services provided under the Medical Care Act (Federal).

Adopted.

2. *Whereas CDA has already made repeated attempts to inform the Minister of National Health and Welfare of the discriminatory and costly features of the "in-hospital" requirement for dental services under the Federal Medical Care Act, and*

Whereas on each previous occasion, CDA has been informed by the Minister that no consideration will be given to amending the Medical Care Act until a majority of the provinces request and support the amendment,

Therefore be it resolved

- (1) *That corporate members who support such an amendment to the Medical Care Act be invited to provide the Executive Director with a written statement to this effect,*
- (2) *That the corporate members also approach their respective*

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provincial ministers of health requesting provincial endorsement of the amendment and provincial petitions to this effect to the federal government, and

- (3) *That the Executive Director of the CDA make another approach to the Minister of National Health and Welfare asking for elimination of the "in-hospital" requirement.*

Adopted.

POLICY STATEMENT ON AUXILIARIES

9. The committee discussed at length the 1970 resolution advanced by the Auxiliary Services Committee which proposes an Association policy on the services of auxiliaries. These services the committee agreed had to be an integral part of any successful system of the delivery of dental health care. To support the concept of the Auxiliary Services Committee, a motion was unanimously adopted by the Dental Services Committee giving unqualified endorsement to the resolution. (See Auxiliary Services Committee Report, paragraph 5.)

GROUP PRACTICE

10. The subcommittee under the chairmanship of Dr. F. Reid (1969 *Trans*: 25,11(1) (2) (3), has been unsuccessful in getting as much information as it needs from Canadian dentists to revamp the group practice manual. The subcommittee has been asked to review the report of the First Conference on Practice Administration held by the American Dental Association in July, 1969. This First Conference placed emphasis on a study of group practice and the resultant publication could form a basis for a report from Dr. Reid's subcommittee.

POLICY STATEMENT ON DENTAL PUBLIC HEALTH PROGRAMS IN CANADA

11. The committee was asked to comment on a draft policy statement of the Canadian Public Health Association on Public Dental Health Programs. The Committee commended the CPHA on its efforts and forwarded comments via Dr. C. McCormick, Director, Dental Health Services, Department of Health and Social Services, Winnipeg, Manitoba.

UNIVERSAL IDENTIFICATION

12. A letter dated March 5, 1970 from the Canadian Public Health Association's Executive Director contained the following resolution:

Whereas the scope of epidemiological research can be vastly expanded by the use of medical record linkage, and

Whereas medical record linkage would be greatly facilitated by the availability of a single universal identification number, and

Whereas the need for a single universal identification number is rendered more urgent by the requirement of portability as a qualification for federal approval of medical care insurance schemes, and

Whereas the essential properties of a universal identification number are potentially available in the Social Insurance Number;

Therefore be it resolved that the federal and provincial governments be urged to collaborate in assigning a universal identification number such as the Social Insurance Number to each newborn child at the time of birth registration and to each landed immigrant at the time this status is granted.

The CPHA asked if dentistry agreed with the recommendation contained in the resolution. The committee was in agreement with the principle of using a universal identification number and approved a motion indicating this support. The CPHA has been so notified.

DENTAL ECONOMICS NEWSLETTER

13. Discussion of the *Dental Economics Newsletter* resulted in the following suggestions from this committee:

- (1) The principle of an economics newsletter be continued if possible.
- (2) Frequency of the newsletter could be reduced if the *Journal* could cooperate in carrying topics that had a particular time factor value.
- (3) Consideration be given to mailing block lots to the provincial secretaries for distribution within their provinces to those interested in receiving the material.

The report of the Dental Services Committee has been reviewed. The committee is to be complimented on its interest and enthusiasm during the year and particular note is made of the very broad scope of its interests.

EDUCATION

MEMBERS: Wesley J. Dunn, Chairman, London; R. V. Blackmore, Edmonton; M. J. Crompton, Moncton; M.J.T. Dohan, Victoria; W. I. Jackson, Winnipeg; J. P. Lussier, Montreal; K. J. Paynter, Saskatoon; J. E. Speck, Toronto and J. Yergeau, Montreal. SECRETARY: Miss K. Kirker.

R E P O R T

COUNCIL MEETING - FEBRUARY 18-20, 1970

1. The Council on Education met at headquarters February 18-20, 1970. All members, except Dr. R.V. Blackmore, who sent his regrets because of a requirement to attend Medical Research Council meetings being held at the same time, were present. Also in attendance were Dr. R.B. DeWare, representing the National Dental Examining Board of Canada, and Dr. M.A. Rogers, representing the Association of Canadian Faculties of Dentistry. Dr. J.D. Spouge, delegated to represent the Royal College of Dentists of Canada, sent his regrets because of a requirement placed upon him to attend the MRC meetings.
2. Also in attendance during at least portions of the meeting were President H.R. MacLean, Edmonton; Deans S.W. Leung, Vancouver; J.W. Neilson, Winnipeg; and J.D. McLean, Halifax; Dr. R.G. Ellis, Chairman, Health Sciences Council, University of Toronto; Dr. T.J. Ginley, Assistant Secretary of the Council on Dental Education of the American Dental Association, Chicago; Mrs. B.M. Johnson, President of the Canadian Dental Hygienists' Association, Toronto; and Dr. W.G. McIntosh, CDA Executive Director, Toronto.
3. Several persons attended to present reports: Dr. F.G. Kellam (Dental Aptitude Test Committee); Dr. J.A. Bigelow (Student Membership Committee); Dr. N.R. Thomas (Teaching Conference); Dr. Marjorie Jackson (Ad Hoc Committee on Minimum Requirements and a Mechanism for Accrediting Courses in Dental Assisting); Dr. D.L. Anderson (National Cancer Institute); Mr. D.M. McDonald (Canadian Fund for Dental Education); Dr. P.G. Anderson (Association of Canadian Medical Colleges). Dr. Ralph Connor, Chief of the Dental Health Division, Department of National Health and Welfare, spoke on public health research grants and Dr. Don W. Gullett, CDA Archivist, commented briefly on the *History of Dentistry in Canada*.

COMMITTEE ON SURVEY POLICY

4. One of the most important activities in which the Council on Education has been engaged has been the development of an effective accreditation program, one which could enjoy the recognition and support of all agencies of the profession which have an interest in and concern for dental education and the products of the dental educational process. Council believes that this goal - for undergraduate dental and dental hygiene programs - has been achieved. The next step, now about to be taken, is the accreditation of postgraduate programs. Because of the very great significance of council's activities in respect of accreditation, an edited version of the main report of the Committee on Survey Policy, as approved by council, is attached as Appendix A.
5. The following actions were taken by council in addition to the adoption of the report which appears as Appendix A.

(a) Membership:

That the Royal College of Dentists of Canada be invited to appoint one member to the Committee on Survey Policy, and

That the following terms be applied to the council appointments to the committee: one for one year, one for two years, and one for three years.

(b) Survey Teams:

Council was informed that the appropriate selection and orientation of survey team members was a matter of considerable concern for the Committee on Survey Policy. It was suggested that a dental dean, or his assistant or associate, might be a valuable addition to the survey team membership and that the committee might give consideration to the possibility of instituting orientation sessions for new survey team members.

(c) Survey Team Reports:

That the Committee on Survey Policy be authorized to send a confidential draft copy of the team report to the dean of the program being evaluated in order that he may be given an opportunity to correct any errors of fact prior to finalization of the report.

(d) Follow-up on Site Visit Reports:

That one year following the date of a ruling by the council on Education on the accreditation status of any program, a letter be sent by the secretariat to the dean of the school concerned to determine the degree to which recommendations contained in the survey report had been implemented, and

That replies from the dental schools be examined by the Committee on Survey Policy and reported annually to the Council on Education.

(e) Postgraduate Programs:

Whereas the Council on Education has accepted the responsibility for accrediting postgraduate programs in dentistry in Canada, it is recommended

That the Executive Council be requested to search for outside funds for the initial survey of all present postgraduate programs, based on a cost survey to be prepared by the Committee on Survey Policy.

(f) Dental Internships:

Council approved the following policy recommendations of the Committee on Survey Policy in respect of dental internships and residencies and directed that the Hospital Services Committee be informed of this action:

- (1) No internship or residency should be considered for accreditation unless the dental service of the hospital in which the internship or residency takes places, has been approved by the Canadian Dental Association.
- (2) Only when an internship or residency forms part of a formal university program of graduate or postgraduate study, approval of the internship or residency should be included in the accreditation of the graduate or postgraduate program by the

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Council on Education of the Canadian Dental Association, providing such a program lies in an area of specialization recognized by the Canadian Dental Association.

Resolved:

That the Board of Governors approve the policy recommendations in respect of dental internships and residencies as stated in paragraphs 5 (f) (1) and (2) of this report.

Adopted.

- (g) Statement on "Survey Policy and Accreditation of a Dental School": While council has the ultimate jurisdiction in respect of the accreditation of programs, the policies within which the accreditation mechanism operates are within the purview of the Board of Governors to establish. The previously approved statement "Minimum Requirements for the Approval of a Dental School" has been amended and has been retitled "Survey Policy and Accreditation of a Dental School." This statement is attached as Appendix B.

Resolved:

That the Board of Governors approve the Statement on Survey Policy and Accreditation of a Dental School.

Adopted.

REPORT ON 1969 SURVEYS

6. Council approved the following programs:

- (a) Undergraduate dental program, Faculty of Dentistry, University of Toronto, February 1969;
- (b) Division of Dental Hygiene Program, Faculty of Dentistry, University of Toronto, February 1969;
- (c) Undergraduate dental program, Faculty of Dentistry, The University of Western Ontario, October 1969;
- (d) Program of Dental Hygiene, Faculty of Dentistry, The University of British Columbia, November 1969.

ACCREDITATION OF DENTAL EDUCATION PROGRAMS

7. The Board of Governors requested the Council on Education to comment on a proposal to amend Article IX, Section 4, subsection (b)(4) of the by-laws. As approved by the Board in July, 1969 this subsection reads as follows:

To accredit undergraduate, postgraduate and graduate programs in dentistry, and programs in dental hygiene, and periodically review such accreditation:

This subsection was reworded by the November, 1969 meeting of the Board of Governors as follows:

To accredit undergraduate, postgraduate and graduate programs in dentistry,

and programs in dental hygiene and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors.

8. The Council on Education prefers the November, 1969 amendment and decided that official council lists of accredited programs would, in every instance, refer to the status of a "program," not a "dental school."

NATIONAL DENTAL EXAMINING BOARD OF CANADA

9. Council received, with considerable interest, the report of its representatives to the National Dental Examining Board of Canada. Of special interest to council are the following two motions passed by the NDEB:

- (1) That the Board accept and implement the principle that by 1971 the National Dental Examining Board of Canada confer its certificate upon all graduates of the year 1971 of accredited Canadian dental schools provided that the NDEB has an effective voice on the Council on Education regarding accreditation of schools.
- (2) Whereas the National Dental Examining Board seriously proposes to confer its certificate on all graduates of accredited Canadian dental schools as soon as the accreditation program has been adequately strengthened and therefore has an even greater concern for the program of the said schools, be it resolved

That the National Dental Examining Board urges the Board of Governors of the Canadian Dental Association that in view of the vital importance of the accreditation procedure to the Council on Education and to the National Dental Examining Board, that the National Dental Examining Board be assured representation with voting privileges on the council.

The Board commends the action of the National Dental Examining Board of Canada as outlined in paragraph 9 in conferring its certificate on all graduates of accredited Canadian dental schools.

10. It is the view of council that NDEB now has "an effective voice on the Council on Education regarding accreditation of schools." NDEB elects one member of the Committee on Survey Policy. In addition, the NDEB Registrar is invited to attend Survey Policy Committee meetings. A past president of NDEB is now a member of council, his nomination having been made possible from a resource pool to which the NDEB contributed names. A representative of the NDEB also was in attendance during the council meeting, a constitutional provision having been made to assure that an invitation for a representative to attend is received by NDEB. While it is true that voting is reserved to members of council, the NDEB representative has all other privileges. Council looks forward, with considerable pleasure and anticipation, to the implementation of the first resolution reported above.
11. Council also expressed unanimous approval of the principles enunciated in the following motion which is scheduled for presentation to the 1970 Annual NDEB Meeting:

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Whereas there exists in Canada a serious problem in the evaluation of dentists and graduates of dental schools which have not been accredited by the Canadian Dental Association, and

Whereas the numbers of these dentists desiring to immigrate to Canada is increasing, and

Whereas the federal government has given political asylum to certain immigrants, and

Whereas the philosophies inherent in dental education have gross differences throughout the world, and

Whereas the National Dental Examining Board of Canada is the only national examining facility existing in Canada, be it resolved that

- (a) the NDEB mount a sequential examination in depth for graduates of university dental schools which have not been accredited by the Canadian Dental Association;
- (b) the examination be in sequence, including written, oral, preclinical and clinical, and of two to three weeks' duration;
- (c) the examination be in English or in French, and to be given in one centre in Canada;
- (d) the candidate be required to pass in each component of the total examination before proceeding to the next;
- (e) successful candidates be awarded the certificate of the National Dental Examining Board of Canada;
- (f) such program be designed to begin in 1971;
- (g) the licensing bodies be requested to assist financially in the program, if required.

The Board supports the action of the Council on Education in approving the principles enunciated by the National Dental Examining Board outlined in paragraph 11, which set up an examination mechanism for graduates of foreign schools not accredited by the Canadian Dental Association.

12. Council expressed its appreciation to Dr. J. D. McLean for his several years of effective service on the NDEB as a representative of the Council on Education. Dr. S. W. Leung was reappointed as Council's representative for the two-year term ending at the NDEB Annual Meeting in 1971 and Dr. M. J. Crompton was appointed for the three-year term ending at the NDEB meeting in 1972.

GUIDELINES FOR THE EDUCATION OF DENTAL HYGIENISTS

13. Council approved the statement "Guidelines for the Education of Dental Hygienists." This document is attached as Appendix C. As a consequence

of the approval of the statement, an *ad hoc* committee has been appointed to update the "Minimum Requirements for the Approval of a School of Dental Hygiene." It is confidently expected that this statement will be presented to the next meeting of the Board of Governors for approval.

REQUIREMENTS, POLICIES AND GUIDELINES FOR
THE TRAINING OF DENTAL ASSISTANTS

14. A two-part report was presented by Dr. Marjorie Jackson on the subject of "Requirements, Policies and Guidelines for the Training of Dental Assistants." The report is attached as Appendix D. Council took the following action in respect of the report:

That Part I of "Requirements, Policies and Guidelines for the Training of Dental Assistants," entitled "Minimum Requirements for Educational Programs in Dental Assisting," be approved, and

That Part II of "Requirements, Policies and Guidelines for the Training of Dental Assistants," entitled "Mechanism for Accrediting Courses in Dental Assisting" be received and be referred to an *ad hoc* committee to be appointed by the chairman to explore the ramifications of the accreditation of dental assisting courses.

15. Because Part I of the report recommends policies bearing on minimum requirements for educational programs in dental assisting, it is necessary that the Board of Governors take some action in respect of it.

Resolved:

That the Board of Governors approve the statement "Minimum Requirements for Educational Programs in Dental Assisting."

Adopted.

TEACHING CONFERENCE

16. The annual Teaching Conference was conducted under the chairmanship of Dr. N. R. Thomas of the Faculty of Dentistry of the University of Alberta. The subject of the conference was "Oral Biology." The report of the conference is attached as Appendix E. The council, after receiving the report and extending its congratulations and appreciation to Dr. Thomas for his efforts in organizing and conducting the conference on Oral Biology, took the following specific actions in respect of the report:

That the report be forwarded by the council secretariat to dental schools in Canada, with an appropriate covering letter, and

That recommendation No. 8 on page 99 be referred to the Survey Policy Committee for consideration, and

That recommendation No. 9 on page 99 be referred to the Royal College of Dentists of Canada for comment.

17. Council expressed its gratitude to the Procter & Gamble Co. of Canada Limited for its generous donation in support of the 1970 Conference.

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18. Because there has been some difficulty in the past in respect of dealing with requests to attend the conference, council took the following action:

That invitations for participation in future teaching conferences be limited to: one delegate from each Canadian dental school at the conference's expense; one delegate from each Canadian dental school at the school's expense; and

That the home school of the chairman be offered the opportunity of sending one additional delegate at the expense of the conference.

19. Council approved "Pharmacology and Therapeutics" as the subject of the 1971 Teaching Conference and invited Dr. Lyman Francis, Assistant Dean, Faculty of Dentistry, McGill University, to serve as chairman.

RECRUITMENT ACTIVITIES

20. Council was advised that Dr. A.F. Dungy was appointed to the National Recruitment Committee to replace Dr. R.L. Moran who resigned because of pressure of other commitments. The committee produced two pamphlets: (a) Admission Requirements of Canadian Dental Schools 1970-71, and (b) Careers in Dental Hygiene. Both were well received. Several hundred recruitment kits have been mailed out to enquirers and members of the profession who have undertaken speaking engagements. Approximately 5,000 copies of the new booklet, "Dentistry," and an equal quantity of the folder on "Dental Hygiene" were distributed during the year. Because of the increasing demand for the career film, "The Challenge of Dentistry," the committee authorized the purchase of three additional copies to be made available on free loan.
21. In reviewing the report of the National Recruitment Committee, council suggested that the proposed production of a pamphlet on careers in dental assisting be a co-operative effort with the Canadian Dental Nurses and Assistants' Association. Council also recommended that the committee consider undertaking a survey which would attempt to measure the effectiveness of recruitment programs, both quantitatively and qualitatively, in Canada.

YOUTH SCIENCE FOUNDATION

22. The Youth Science Foundation's annual Canada-wide Science Fair was held at the University of Saskatchewan, Regina Campus, on May 8, 9 and 10, 1969, in which sixty-four finalists from regional science exhibitions participated. Winners of the CDA awards of \$100 were Miss Sari Waern, a fifteen-year-old student from Val Caron, Ontario, whose presentation was entitled "Protein Synthesis," and Mr. James Thomas, aged 17, of Peterborough, Ontario, for his exhibit on "G-Forces on Protozoa." The 1970 Fair will be held in Hamilton from May 12th to 16th, 1970, and council is grateful to Dr. Ivan Hrabowsky for serving as its representative on the final judging committee.

DENTAL APTITUDE TEST PROGRAM

23. Dr. F.G. Kellam is the new chairman of the Dental Aptitude Test Committee and Dr. W.R. Teteruck a new committee appointee. Dr. R.M. Grainger,

Director of Research for the Association of Canadian Medical Colleges, accepted the committee's invitation to act as Consultant.

24. Again, council was gratified to observe the continuing growth of the Dental Aptitude Test Program. The number tested in 1969 was 1,099, an increase of 219 over the previous year. Three schools reported 100% tested admissions. The overall increase in the number of DAT examinees admitted to dental school is reflected in the fact that in the session 1969-70, 94.1% were tested admissions; in 1968-69, 88.1% were tested admissions; and in 1967-68, 75.4% were tested admissions. For the first time, there was an excess of revenue over expenditure for the year, in the amount of \$5,415. The committee will attempt over the next three years to repay in annual instalments the \$9,500 loan received in 1966 to initiate the DAT program. As tangible evidence of this intent, an initial payment of \$3,000 was authorized for the year ended 30 June 1969.
25. Twenty-eight test centres were established for the January 1970 session, including two new locations at the University of Prince Edward Island, Charlottetown, and Scarborough College, University of Toronto.
26. The committee was pleased to approve the inclusion of the applicants to the new dental school at Université Laval in the French-language test program, commencing with the 1971 program year.
27. The committee presented Terms of Reference which were approved by Council:
 - (1) Responsibility, through the Council on Education, for administration of the dental aptitude test program.
 - (2) Advice on location on test centres.
 - (3) Approval of literature and form letters to be used in connection with the dental aptitude test program.
 - (4) Determination of the distribution of test results.
 - (5) Responsibility for continuing validation studies.
 - (6) Responsibility for developmental and other research relevant to the program.
 - (7) Responsibility for advising the Bureau of Economic Research with regard to *Dental Education Register* and *Applicants and Applications*.
 - (8) Presentation of an annual report to the Council on Education.
28. Council agreed with the committee's recommendation that the title of the *Dental Students Register* be changed to *Dental Education Register*.

STUDENT MEMBERSHIP

29. Council was enthusiastically interested in receiving the report of the first Canadian Dental Students' Conference, held at CDA headquarters, 20-22 November, 1969. A full report of this historic meeting appeared in the *Journal of the Canadian Dental Association*, February 1970, Volume 36, No.2, pages 45-50.

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30. The success of the recruitment drive of the committee for student membership can be shown in the following table:

School	School Enrolment	CDA Student Memberships				
		1st Yr.	2nd Yr.	3rd Yr.	4th Yr.	Total
UBC	101	3	5	9	5	22
Alberta	194	14	27	24	21	86
Saskatchewan	21	4	11			15
Manitoba	113	6	6	8	15	35
West.Ontario	88	19	20	6	6	51
Toronto	497	44	34	48	55	181
Montreal	318	16	26	11	16	69
McGill	153	20	19	15	20	74
Dalhousie	97	1	3	1	6	11
at Jan.15/70:	1,582	127	151	122	144	544
at Jan.15/69:	1,497	85	47	68	75	275

31. The committee presented several recommendations to Council and the following actions were taken in respect of them:

- (1) That the recommendations of the ad hoc committee on student memberships be sympathetically received, and
- (2) That recommendation (a) "that the search for a source of income to ensure the convening of an annual students' conference be continued" be referred to the Executive Council, and
- (3) That recommendation (b) "that student membership on the Board of Governors of the CDA be established; this student governor would be a non-voting member and would be invited to attend Board meetings at his own expense. He would be elected annually by and from the delegates to the Canadian Dental Students' Conference" be referred to the Executive Council, and
- (4) That recommendation (c) "that student participation in the CDA Convention be encouraged by means of table clinic presentations" be referred to the Executive Council for the attention of its subcommittee on conventions with encouragement to seek ways and means to achieve student involvement in annual scientific sessions of the CDA, and
- (5) That recommendation (d) "that the CDA subcommittee on taxation study the matter of income tax deduction of the cost of equipment purchased in undergraduate years as an allowable expense in the first year of graduation" be referred to the Executive Council.

32. In addition, Council, being disposed to a more formal structure for Canadian dental students within the Canadian Dental Association, approved the following:

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That the Committee on Student Memberships be encouraged to give consideration to the possible establishment of a more formal structure for the Canadian dental students within the constitutional framework of the CDA and report any recommendations it may develop in this respect to the Council on Education.

33. Council established the Committee on Student Memberships as a standing committee to consist of three members, one of whom shall be a student. The new standing committee was requested to prepare a statement on broad goals and purposes of the student membership program and subsequently relate specific recommendations to these goals and purposes.

Council on Education is commended for its action on student memberships as reported in paragraphs 29-33.

WAR MEMORIAL AWARDS

34. The title selected for the 1970-71 War Memorial Awards Essay competition was: "A Practical Approach to Preventive Dentistry; Une Approche Pratique à la Dentisterie Préventive." As a new chairman of the War Memorial Awards Committee is to be selected, the committee did not submit a list of proposed new essay titles, in the belief that the new chairman should be able to assume a participating interest.

35. The winners of the 1969-70 competition, the essay title being: "The Physiology of the Human Periodontium; Physiologie du paradonte chez l'homme," were:

1st - Pierre Duquette, Université de Montréal

2nd - T. Rice, University of Toronto.

36. It was agreed by council that following the July 1970 meeting of the Board of Governors, at which time the new members of the Council on Education would be made known, the council chairman would be authorized to appoint a chairman of the War Memorial Awards Committee for the year 1971-72. The new committee chairman would be asked to select the title for the 1971-72 essay competition.

RELATIONSHIP BETWEEN COUNCIL AND ACFD

37. Council reviewed a report from an ad hoc committee which had been giving consideration to the roles of the Association of Canadian Faculties of Dentistry and the Council on Education. The committee, having considered the distribution of exclusive, primary and ultimate responsibility of each agency, offered certain principles to serve as future guidelines:

- (1) Matters related to curriculum and program improvement (e.g. teaching conferences) shall be the primary responsibility of:

- a) the Council on Education when the theme is oriented to subjects or disciplines, and
- b) the ACFD when the theme is oriented to general principles and their broad application in dental education.

- (2) Matters related to students enrolled in dental schools shall be the primary responsibility of the ACFD.

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- (3) Matters related to graduate dentists, the profession and student members of the CDA shall be the primary responsibility of the Council on Education.
 - (4) Matters related to accreditation shall be the exclusive responsibility of the Council on Education.
 - (5) Matters related to auxiliary personnel, other than those trained in the dental school, shall be the primary responsibility of the Council on Education.
 - (6) Matters related to the definition of duties and programs for the training of existing and future new auxiliary personnel shall be the primary responsibility of the Council on Education, except that the related and appropriate research studies shall be the primary responsibility of the ACFD.
 - (7) Matters related to the development of liaison with other organizations shall be the responsibility of each body in the light of its own interests.
 - (8) Matters related to the recruitment and admission of dental health personnel shall be the primary responsibility of the Council on Education.
 - (9) Matters related to the carrying out of "surveys" shall be the responsibility of the body as determined by available facilities and level of institutional interest.
 - (10) Matters related to staff and staff recruitment shall be the primary responsibility of the ACFD.
 - (11) Specific, uncategorized matters shall be the primary responsibility of the body having the highest level of institutional interest and concern.
38. Council adopted the distribution of exclusive, primary and ultimate responsibilities as presented in the report and gave approval, as well, to the principles in order that such principles could serve as guidelines in determining the inter-relationship of the two agencies.
39. Council, at this time, did not act to establish a "standing joint committee" as recommended in the report but for the coming 1970-71 year requested the existing *ad hoc* Council-ACFD Liaison Committee to continue to act.
40. As ACFD has acted to make provision for the non-voting representation of the council at the ACFD Executive meetings, council stipulated that its chairman, or his designate, serve in this capacity.

CANADIAN FUND FOR DENTAL EDUCATION

41. Council was privileged to be addressed briefly by Dean J. D. McLean, Chairman of the Board of Trustees, and by Mr. D. M. McDonald, Executive Director, Canadian Fund for Dental Education. It was gratifying to learn that the financial campaign conducted during 1969 resulted in an all-time high response

for the third consecutive year. Such an achievement enabled the Fund to provide teaching and/or research fellowships to an increased number of graduate dentists, as well as the first fellowship for a dental hygiene teacher. Council is grateful for the Fund's assistance in underwriting a major portion of the costs of the First Canadian Dental Students' Conference.

NATIONAL CANCER INSTITUTE OF CANADA

42. Council extended its appreciation to Dr. D. L. Anderson for his excellent contribution as the CDA representative to the National Cancer Institute of Canada. Because of the importance of the content of Dr. Anderson's report, it is attached as Appendix F. The five provinces not yet conducting oral cytology programs are respectfully encouraged to initiate them.

The Board is concerned that only five provinces have made the necessary arrangements for conducting oral cytology tests and urges that the other five provinces give consideration to implementation of this program at an early date.

ASSOCIATION OF CANADIAN MEDICAL COLLEGES

43. Dr. P. G. Anderson, Acting Dean of the Faculty of Dentistry of the University of Toronto, represented the Canadian Dental Association at the October 1969 meeting of the Association of Canadian Medical Colleges. Council expressed its appreciation to Dr. Anderson for his excellent and interesting report.

COUNCIL'S NEW TERMS OF REFERENCE

44. The Council on Education, while recognizing the constitutional competence of the Board of Governors to amend the Association's Constitution and By-laws without consultation with its councils and committees, nevertheless voices its deep concern with and respectful objection to the unilateral actions taken by the Board at its November 1969 meeting. For a council, without opportunity of consultation of any kind, to be apprised that the Board, which the council has conscientiously - and it is hoped effectively - tried to serve has changed its name, altered the composition of its membership, amended its duties and, except for matters bearing directly on the presentation of its own report to the Board, essentially removed its chairman from effective participation in the annual deliberations of the Board, invites a response within the members of the council which is anything but conducive to a continuation of a participating interest in or involved concern for the Association it has, to the best of its ability, been serving.
45. Council prepared a statement voicing its concerns and identifying the implications of the new terms of reference, and this statement was transmitted to the Executive Council. The Council on Education wishes to assure the Board of Governors of its deep and abiding interest in and concern for the welfare of the Association and the profession in general, and, in particular, the welfare of dental education. It wishes to reiterate its respectful but nonetheless strongly-held objections to the procedure which permitted such sweeping amendments to almost all facets of its duties, interests and concerns without consultation. Council wishes to urge that the most serious consideration be given to the possible consequences of the amendments proposed before some irrevocable action is

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taken. The members of the Council on Education are sincere and responsible colleagues. They do not sound this note of alarm intemperately, injudiciously, or irresponsibly. They have only one concern - that they be permitted to function within a constitutional framework which will permit them to make the greatest possible contribution to the Association and the members it serves. The Board of Governors is urged to recognize that the new terms of reference will seriously impede and impair the work and contributions of its Council on Education.

DR. ROY G. ELLIS

46. Council was pleased, during a short portion of its meeting, to enjoy the attendance of Dr. Roy G. Ellis who, since 1947, has been the very distinguished Dean of the University of Toronto's Faculty of Dentistry, retiring from that post on 31 December 1969. The following resolution was proposed, unanimously and enthusiastically adopted, read to Dr. Ellis and later formed a portion of a letter mailed to him.

The Council on Education of the Canadian Dental Association would like to express, with the greatest sincerity, its appreciation to Dr. Roy G. Ellis for his many and highly significant contributions to dental education over the past many years.

This council has enjoyed and profited from its many contacts with Dr. Ellis.

With these feelings of respect and affection, the Council on Education wishes to congratulate Dr. Ellis on his appointment as Chairman of the Health Sciences Council of the University of Toronto and also to wish him happiness, satisfaction and continuing success in his new career.

RECOGNITION

47. Council would be derelict if it did not express its appreciation to the Executive Director, the Director of the Bureau of Economic Research, the Editor, the Comptroller and all members of the headquarters staff who contribute so much to the total program and activities of the council.
48. In particular, council records its deep appreciation of and gratitude for the magnificent services rendered by Miss K. M. Kirker, Secretary of Council. Her creative, resourceful, energetic, and always effective involvement make the rather complex activities of council and its committees and subcommittees flow with disarming smoothness. It is not at all an overstatement to suggest that the progress to which council believes this document attests would not have been achieved without the catalytic influence of its secretary.

The Council on Education is commended for its excellent work throughout the year and the very fine report which was submitted to the Board of Governors.

APPENDIX A

REPORT OF THE COMMITTEE ON SURVEY POLICY

1. The Committee on Survey Policy was established by the Council on Education in February 1969, and the action approved by the Board of Governors in July 1969.

TERMS OF REFERENCE

2. The terms of reference of the Committee as approved by the Board of Governors in July 1969 are as follows:
 - (1) To recommend to the Council on Education on matters of policy relative to dental school surveys.
 - (2) To consider and further implement proposals for new survey procedures as outlined in the two manuals presented to Council and titled "Accreditation Survey Manual and Questionnaires for Undergraduate Programs in Canadian Dental Schools" and "Handbook on Evaluation Procedures for Undergraduate Programs in Canadian Dental Schools."
 - (3) To recommend to the Council on Education on matters of policy concerning dental internships.
 - (4) To consider and implement recommendations contained in the report of the ad hoc committee on Minimum Requirements for Approval of Postgraduate Programs Leading to a Qualification in an Area of Specialization Recognized by the CDA.
 - (5) To propose to the Council on Education, the chairman and members of survey teams.
 - (6) To appoint the chairmen and members of the survey teams for 1970-71.
 - (7) To review and recommend on reports of survey teams prior to the consideration of such reports by the Council on Education.

MEMBERSHIP

3. By action of the Council on Education, February 1969, as amended by the Board of Governors in July 1969, the Committee on Survey Policy shall consist of six members as follows: three members appointed by the Council on Education (two of whom shall be Council members); one member appointed by the Association of Canadian Faculties of Dentistry; one member appointed by the National Dental Examining Board of Canada; one member from among the Registrar-Secretaries of the provinces of Canada, to be named at the Secretaries' Conference. The chairman shall be named by the Council chairman from among the two members of Council appointed to the committee.

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4. Dean J.W. Neilson, Winnipeg (representing the ACFD)
Dr. James Purves, Toronto (representing the NDEB)
Dean J. McCutcheon, Montreal (appointed by Council)
Dr. J. Yergeau, Montreal, Council member
Dr. George Decker, Edmonton, Registrar-Secretary (from December 1969)
Dean K.J. Paynter, Saskatoon, Council member (Chairman)

MEETINGS

5. The Committee held three meetings during the year: May 26-27, 1969;
November 24-25, 1969 and February 16, 1970.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

6. In view of the marked interest of the NDEB in the accreditation procedures employed by Council, generated by the proposal now being considered by the NDEB to confer its certificate on all graduates of accredited Canadian dental schools, the Registrar of the NDEB was invited to the November meeting of the committee.
7. Both Dr. Beach and the NDEB representative on the Committee on Survey Policy expressed satisfaction with the aims and survey procedures of the committee.

PHILOSOPHY AND OBJECTIVES OF ACCREDITATION

8. The committee carried out a review of past CDA activities in the field of dental school surveys, and gave lengthy consideration to the philosophy, objectives and methods of evaluation and accreditation of dental programs. In these considerations great help was provided by the dental deans through comments solicited by the committee chairman, and from general comments in the report of the survey team which had inspected the Toronto school in February 1969. The latter comments particularly concerned survey techniques and procedures.
9. Discussions ranged over a number of important questions, including whether the Canadian Dental Association should continue to survey and accredit programs of dental education; whether the objective of accreditation is to standardize educational levels in dentistry in accordance with Council's approved "Requirements", or whether it is to improve dental education and to encourage educational experimentation and innovation; whether a survey team should be considered as a group of expert consultants for the staff of the school visited, as many had assumed in the past, or whether teams should assume a more impartial role; whether three days for a site visit was an adequate time; and whether the composition of the survey teams was the best possible for the purpose (lack of continuity in team membership had been criticized).
10. The desirability of continuing accreditation of schools was quickly agreed upon. The reciprocal agreement between the CDA and the ADA assuring mobility of graduates, had particular significance in this discussion. It was also agreed that the CDA, acting through the Council on Education, should remain the accrediting agency in Canada.
11. In view of the number of requests for continuation of the earlier consultative function of survey teams, and in light of the terms of reference

of Council, namely "to evaluate the various forms of dental education and to recommend revisions where necessary," the committee considered ways and means of promoting desirable consultations for faculties. Since there is only a limited time available for survey team visits, and a greater possibility of an objective evaluation when members of a team are not involved in consultations during the visit, to expect a survey team to carry out both functions was felt to be no longer practical. Accordingly, the Committee on Survey Policy considered whether its objectives might become more bifunctional - not only to continue accreditation surveys at perhaps five year intervals, but also to develop methods of providing consultative services to schools on a more frequent (possibly annual) basis. Financing the latter type of program would be a problem, and questions were raised as to the possible role of the Association of Canadian Faculties of Dentistry or of the individual schools in this function, or indeed, whether the entire consultative program might be more properly conducted by the ACFD.

METHOD OF ACCREDITATION

12. The site visit should continue to form a significant part of the accreditation process.
13. The overall survey program should comprise three parts: a prelude involving study of documentation supplied by the dental school to be evaluated; a site visit; and a postlude or follow-up on the degree to which recommendations contained in the visiting team's report have been implemented. It is realized that the latter might be of equal or even more significance to long-range accreditation of a school.

COMPOSITION OF SURVEY TEAMS

14. Based on study of the report, "Future of the Survey Team," received by the Council on Education in January 1966, it is recommended:
 - (a) That survey teams comprise panels of visitors selected from the following categories:
 - (1) active dental educators with science backgrounds;
 - (2) basic science teachers with broad interests;
 - (3) general consultants;
 - (4) practising dentists who now have, or who have had, some association with dental education, and who have been selected in consultation with representatives of the National Dental Examining Board and/or the Royal College of Dentists of Canada.
 - (b) That membership on a team should not be fewer than three and not more than six persons, depending on the size of the program to be evaluated.
 - (c) That the number and composition of a team should be flexible within the recommendations contained in (a) and (b) above.
 - (d) That a list of prospective team members be sent to all dental deans, and to the ACFD and the NDEB each year, with a request for comments as to continuing suitability and for additional suggestions for membership.

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HANDBOOK ON EVALUATION PROCEDURES

15. The "Handbook on Evaluation Procedures" was first amended by the committee to make it applicable to all programs of dental education, i.e. undergraduate dental, dental hygiene, and postgraduate. This amended version was used in the survey of the undergraduate dental program at the University of Western Ontario, and the survey of the dental hygiene program at the University of British Columbia in the fall of 1969, and again amended in light of experience gained.

ACCREDITATION SURVEY MANUALS AND QUESTIONNAIRES FOR UNDERGRADUATE DENTAL AND DENTAL HYGIENE PROGRAMS

16. The "Survey Manuals and Questionnaires" were also amended, used in the two surveys mentioned in paragraph 15 and again amended in light of experience.

ACCREDITATION SURVEY MANUAL AND QUESTIONNAIRES FOR POSTGRADUATE DENTAL PROGRAMS

17. A subcommittee comprising Drs. A. M. Hunt and J. E. Speck prepared a "Survey Manual and Questionnaires" to be used in evaluation of postgraduate programs in Canadian dental schools.

SURVEY TEAM REPORT

18. Recognizing the significance of the report of the survey team in the accreditation process, it is recommended
 - (a) That alphabetical ratings not be indicated on the team reports, although their continued use on "Survey Form B" is recommended. In addition to constructive criticism, the report should refer to areas in which a high level of excellence is obvious.
 - (b) That one confidential draft copy of the team report be sent to the dean of the school which has been evaluated, in order that he may be given an opportunity to correct any errors of fact prior to finalization of the report.
 - (c) That the final report be studied by the Committee on Survey Policy in the presence of the chairman of the survey team. A final recommendation on accreditation should then be submitted to the Council on Education by the committee.
 - (d) Following council action, copies of the report should be mailed in confidence to the dean of the dental school and the president of the university involved. The extent to which publicity may be given to evaluation reports (other than a statement of accreditation status) is determined by the dean of the school concerned. The present status of report confidentiality as maintained by the Canadian Dental Association should be continued.

FOLLOW-UP ON SITE VISIT REPORTS

19. Recognizing the potential significance of a follow-up on team reports, it is recommended:

- (a) That one year following the date of a ruling by the Council on Education on the accreditation status of any program, a letter be sent by the secretariat to the dean of the school concerned, to determine the degree to which recommendations contained in the survey report have been implemented, and
- (b) That replies be examined by the Committee on Survey Policy and reported annually to the Council on Education.

ACCREDITATION STATUS

20. It is recommended that if a school is to be accredited by the Council on Education of the Canadian Dental Association, the following classifications be used:

- (a) APPROVAL:
An accreditation classification to indicate that an educational program meets, or exceeds, the minimum requirements of the Council on Education. (Council shall reserve the right to place term or other conditions upon this category of accreditation status. A basic, but not necessarily the only, reason for applying conditions is because in recent years new Canadian faculties of dentistry have commenced instruction with very small classes in attendance and it is therefore considered questionable if full and unqualified approval should be granted to the program until the school has enrolled, and has perhaps graduated, something approximating the eventual full class size.)
- (b) PRELIMINARY APPROVAL:
An accreditation classification granting year by year approval to an undergraduate dental curriculum for a new dental school not fully in operation; that is, until such time as students are enrolled and engaged in study in the final year of the program.
- (c) PROVISIONAL APPROVAL:
An accreditation classification granted to an educational program which meets the minimum standards of the Council on Education, but which has significant weaknesses in one or more areas of accreditation. This classification shall be granted in each instance for a term to be determined by the Council.

21. It is further recommended that when lists of dental schools approved by Council are published, such lists will not indicate the category or conditions of approval designated by Council.

22. It is also recommended that survey teams be asked to recommend an accreditation status for a program, in the first instance, and that the Committee on Survey Policy either confirm or alter this recommendation before its presentation to the Council on Education.

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ACCREDITATION OF DENTAL HYGIENE PROGRAMS

23. An "Accreditation Survey Manual and Questionnaires for Dental Hygiene Programs" was prepared, with the assistance of Mrs. M.G.E. Forgay, Director of the Manitoba School of Dental Hygiene, used in the survey mentioned in paragraph 15 and amended in light of experience. These documents will be used as a basis for surveys of dental hygiene courses.

ACCREDITATION OF POSTGRADUATE PROGRAMS

24. On the basis of the terms outlined in the document "Minimum Requirements for Approval of Postgraduate Programs Leading to a Qualification in an Area of Specialization Recognized by the CDA", as approved by the Board of Governors in July 1969, the committee considered policy and methodology to be followed in accrediting programs of postgraduate dental education.
25. It was recognized that at this time the responsibility of the Council on Education with respect to postgraduate education is limited to accreditation of programs in the six specialties now recognized by the CDA.
26. Assuming site visits at regular five-year intervals as recommended for undergraduate programs, the availability of an organized and continuing consultative service in the postgraduate area might have even more significance than in the former.
27. Where possible, the site inspections of postgraduate programs should eventually be conducted at the same time as those for undergraduate programs, and suitable specialists should be selected for team membership in consultation with the Royal College of Dentists of Canada.
28. Despite the obvious advantages of associating postgraduate and undergraduate team visits, it is nevertheless recommended that for the first one or two years at least, surveys of postgraduate programs be conducted separately from those of undergraduate dental and dental hygiene programs.
29. It is recommended that outside funds be sought for the initial survey of all present postgraduate programs, which hopefully can be done during the years 1970-71. The cost of the surveys have been estimated.

DENTAL INTERNSHIP ACCREDITATION

30. The committee reviewed the activities of the CDA in the field of dental internship accreditation, and agreed that an improved program of national accreditation was desirable. It was felt that Council activities in accreditation of dental internships should relate more to the educational component than to the service component of the internship. Dental services in hospitals are now approved through the CDA Hospital Services Committee. Accordingly, after consultation with the Hospital Services Committee, a policy statement on accreditation of internships and residencies has been formulated.

SURVEY TEAMS 1969-70

31. Survey teams have been appointed or will be invited to conduct surveys during the 1969-70 session.

SURVEY OF SCHOOLS 1969

32. Four dental educational programs were surveyed during 1969. The University of Toronto undergraduate dental and dental hygiene programs were evaluated in February 1969; the University of Western Ontario undergraduate dental program, and the dental hygiene program at the University of British Columbia were both surveyed in the fall of 1969. Recommendations concerning accreditation status of all four of these programs will be considered under separate items of the Council on Education agenda.

APPLICATIONS FOR SPECIALTY RECOGNITION: AVAILABILITY OF COURSES

33. Applications were referred to the Committee on Survey Policy, by the Specialists and Specialization Committee, from the Canadian Academy of Restorative Dentistry and Dr. H.G. Poyton (on behalf of Radiology). Committee comment on the availability of courses at the postgraduate level was sought.
34. The committee has advised the Specialists and Specialization Committee that it is felt that the broad field of Restorative Dentistry and the field of Radiology are ones in which one or more advanced training programs could be established in Canada; that such programs could include a knowledge in basic sciences in excess of that generally taught undergraduate dental students, and a knowledge of clinical sciences beyond the undergraduate level; and that these programs could conform to the standards of accreditation which are now being set up for other areas of specialization in dentistry.
35. At the same time, the Committee on Survey Policy recorded its opinion that the specialty of Prosthodontics now recognized by the CDA, and Restorative Dentistry were sufficiently similar in nature to be considered one specialty.

DENTAL INTERNSHIPS - REQUESTS FOR APPROVAL

36. Requests were received for approval of internships as follows:
 - (a) Doctors Hospital, Toronto, submitted an application for approval by the Council on Education of the hospital's internship program.
 - (b) The Winnipeg General Hospital submitted an application for approval of a new internship being offered in that hospital.
37. The secretary was requested to inform both hospitals that a new internship accreditation policy was being formulated for consideration by the Council on Education at its February 1970 meeting and that the hospitals would be advised of the outcome of deliberations following that meeting.

SURVEY POLICY AND ACCREDITATION OF A DENTAL SCHOOL

38. The committee recommends that the CDA publication "Minimum Requirements

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for the Approval of a Dental School" be altered in title to "Survey Policy and Accreditation of a Dental School."

39. The brochure has been amended to update it, particularly in the areas of admission requirements and on the basis of past deficiencies as indicated in survey reports since 1960.

APPENDIX B

SURVEY POLICY AND ACCREDITATION OF A DENTAL SCHOOL

1. The Council on Education of the Canadian Dental Association is dedicated to the objective of developing and improving dental education in Canada to the highest possible levels.
2. To this end the Council, in 1948, established certain guidelines which were intended to assist the dental schools in achieving that objective.
3. These specifications were not intended for rigid implementation but were rather statements expressed in general terms identifying the various points upon which the value of an educational program of a dental school would be assessed. In 1950 a committee was established to visit Canadian dental schools to ascertain whether or not these stated requirements were being met and to make recommendations deemed appropriate for the improvement of existing programs. These requirements, with some revision, are restated here.
4. To the present, the Canadian Dental Association's Council on Education accreditation teams continue to assess all Canadian schools at regular intervals.
5. The Canadian Dental Association asserts that it has no wish to coerce any institution into following, in any narrow or rigid fashion, the principles set forth. Rather, it is hoped and expected that each school will develop its program in a manner which best allows it to reach the general aims and objectives of dental education in this country.
6. With these factors in mind, accepting that an involvement in graduate education, dental research and auxiliary personnel training is expected in a dental school, the Council declares that in assessing programs in Canadian dental schools the following areas will be given careful study:

Admission standards
Educational program:
 Curriculum
 Subjects of study
 Methods of instruction
 Experimentation in research in teaching
 Student assessment
 Examinations
Hospital relationship
Relationship to other health science faculties
University relationship
Faculty staff
Financial administration and support
Building and equipment
Library

ADMISSION STANDARDS

7. All candidates for admission to an approved dental school shall possess successful standing in at least two academic years in Arts and Science* offered in a college or university acceptable to the Council, or standing judged to be the equivalent by the Council on Education. The subjects of English or French, Mathematics, Biology, Chemistry and Physics must have been included for at least one year. All sciences courses shall include both lecture and laboratory instruction. The two pre-professional years shall be acceptable as equivalent standing to other courses in Arts and Science, and shall enable the candidate to proceed to the third year should he so desire. The inclusion of Arts courses in the preprofessional program is designed to prepare the candidate for the cultural side of membership in a profession and for leadership in society as a whole. The character, quality of academic training, health, aptitude and interest in dentistry, general knowledge and educational record should all form a part of an applicant's evaluation.
8. The enrolment of a dental school should be commensurate with the available staff and the physical plant and equipment. A school should not attempt to admit more students than can be properly accommodated.

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9. Dental education is a scientific discipline. Its primary aim should be to produce a graduate with the desire, initiative and ability to continue the study of dentistry throughout his professional career. To assist in accomplishing this end, the course should provide sufficient time for planned reading, for the preparation of written reports and for the carrying out of projects in a manner that will encourage him to think for himself.
10. These aims cannot be accomplished easily if the timetable is overloaded with lecture, laboratory and clinical requirements. Careful attention must be given to the provision of a balanced course of instruction, to the elimination of unnecessary duplication, to the inter-dependence of related areas of teaching and to the time required by the students for independent study. The Council recognizes the value of experimentation in teaching methods. Scientific investigation leads to the urgent necessity of keeping abreast of the times through a changing curriculum designed to meet the dental health needs of the public.
11. These aims may be achieved, in the view of Council, in a program comprising something in the order of 4200 hours over the four-year course in the dental school.
12. Although the training of auxiliary personnel is not an integral part of the requirements for the approval of a dental school, it has become increasingly obvious that there is a need for ancillary services and the school should give serious thought to this area. Certainly the dental students should be given the experience of working with dental auxiliaries as a regular feature of their course.

CURRICULUM, SUBJECTS OF STUDY AND EXAMINATIONS

13. The following list, although not exhaustive, represents the main core of subjects which the Council expects to find in an approved program:

* based on a 4-year baccalaureate program in Arts and Science

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Anatomy
Anaesthesiology - general and local
Biochemistry
Dental Anatomy
Dental Materials
Diagnosis
Embryology
Endodontia
Epidemiology and Health
Ethics
Histology
History of Dentistry
Hygiene
Jurisprudence
Medicine - General and Oral
Microbiology
Occlusion
Operative Dentistry
Orthodontics
Pathology
Paedodontics
Periodontics
Pharmacology and Therapeutics
Practice Management
Preventive Dentistry
Prosthodontics
Public Health
Physiology
Roentgenology
Surgery - General and Oral

14. None of the foregoing should be interpreted as meaning that every subject listed must be identified by a specific course title or name in the curriculum.
15. It is the responsibility of every dental school to maintain under continuing review and amendment the undergraduate program offered. Council will be interested not only in the well-balanced curriculum but one which recognizes the changing patterns of dental practice through appropriately placed emphasis in specific areas of the undergraduate program.
16. Particular attention should be given to the inter-relationship of subjects, especially to the application of the basic medical sciences to the clinical dental subject, so that the whole course comprises a related body of knowledge rather than one of individual and separate subjects. While not diminishing the importance of the technical skills of dentistry, the concept should be established that the science of dentistry rests firmly upon a thorough education in the biological sciences.
17. The value of the curriculum in a dental school will be considered by the Council on an individual basis. In a progressive science, the curriculum cannot remain static and it is considered advantageous to dental education as a whole that individual schools give leadership in certain departments. The curriculum will be judged in terms of achievement of its own stated aims rather than conformity to a fixed pattern. The time devoted to a subject will be expected to bear a definite relationship to the chief ends

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sought in dental education, namely to qualify the graduate to assume his most effective position in the profession to meet the dental health needs of the public.

18. Instruction should be such as to lead the student to independent thought and to the position where he assumes full responsibility for his own progress. In this way he should be encouraged through a spirit of enquiry to make valid contributions to this profession through intelligent research.
19. It is expected that an effective and valid system of examination and student-progress assessment shall be applied in every dental school. Understandably these systems and techniques will vary from school to school. However, the Council must be satisfied that these systems accurately establish the bases for judgements which will govern the promotion or graduation of the dental students concerned.

HOSPITAL RELATIONSHIP

20. The accessibility for dental students to an approved general hospital affords the opportunity for such students to view those conditions not common to the clinic of a dental school and broadens his knowledge of oral diseases and their relationship to general diseases of the body as a whole. The Council is of the opinion that such relationship is essential in order that the student may be prepared to accept his responsibility as a member of the health professions.
21. A cooperative relationship should exist between the dental and medical faculties of the university with a common meeting ground within the hospital.

RELATIONSHIP BETWEEN FACULTIES OF DENTISTRY AND OTHER HEALTH SCIENCE FACULTIES

22. In the best interest of total health service to the public, a basic core of knowledge encompassing the diagnostic, oral and systemic inter-relationship should be transmitted equally to students of dental and other health sciences faculties in order to achieve complete understanding and cooperation among their graduates. It is well established that many systemic diseases initially exhibit oral symptoms and in this diagnostic field correlated instruction in such faculties is a necessity.
23. The Council will be interested to learn the extent and content of such reciprocal instruction in this area of knowledge.

FACULTY STAFF

24. The Council will expect conditions commensurate with true university education to exist in the dental school. This implies the availability of a thoroughly qualified staff competent to teach. It disclaims any desire for standardization through the adoption of regulations as to the number of students per teacher and so on. Interest will be taken in the general character of dental education given in the school, the teaching experience of the members of the faculty and the degree of scholarship acquired by them.

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25. In assessing the value of the scholastic program in the dental school the following features will be given particular consideration: number of teachers and their educational attainments, teaching load, research activities, administrative responsibilities, remuneration, tenure and security.
26. Consideration will also be given to the objectives sought in the course of dental education. The Council believes that the unit of education is the student, and the program should emphasize the product rather than the mechanics and formalities of instruction. The process of education in the dental school should be identifiable as one directed to training in a scientific discipline rather than training dependent upon mechanical repetition by the student. The form of instruction should, therefore, be designed to motivate independent study with the object of achieving graduates who will continue to be students throughout their professional lives.

UNIVERSITY RELATIONSHIP

27. In the opinion of the Council, the dental school should exist as a faculty or college of a recognized university, enjoying the same status and responsibility as any other faculty or college in that university. All resources of the university should be available to the students of the dental school. It is anticipated that conditions will be found to exist in the dental school which place it on a level with other professional schools in the parent institution.

FINANCIAL ADMINISTRATION

28. The Council will be interested in the financial administration of the dental school within the university. The income from clinic fees should not bear any direct relationship to the expenditures for actual dental education. The infirmary service should be measured by the teaching needs of the school and not by the fees derived therefrom.

BUILDING AND EQUIPMENT

29. The effective functioning of a dental school depends to a considerable degree upon the physical facilities and equipment provided to meet the needs of the programs offered within it. In surveying a school, the Council will examine the type of building, the equipment of the classrooms, laboratories and clinics and the general conditions in which these are found to exist.

LIBRARY

30. The existence of adequate library facilities is essential to any program of dental education. The dental library, if a part of a central university library, should be designated as a separate section. Convenience, accessibility, proper management and availability of funds for the purchase of books are factors which will be assessed in considering the value of the library in the education of the dental student. The functioning of the library in the teaching program and its voluntary use by students will be considered of importance.

GENERAL STATEMENT

31. The chief aim of the Council is directed toward the improvement of dental education in Canada. To this end, the Council has not set down specifications to be followed rigidly but has chosen to state in general terms the various points upon which the value of the educational program of the dental school will be assessed.

APPENDIX CGUIDELINES FOR THE EDUCATION OF DENTAL HYGIENISTS

1. For many years the Canadian Dental Association has urged greater use of auxiliary dental personnel in order to extend and increase dental services to the public. The Association has encouraged the establishment of more training programs for dental hygienists; it has encouraged the schools to develop programs to teach dental students to utilize effectively the services of auxiliaries including hygienists; it has tried to motivate the schools to experiment with the possibility of expanding the duties of hygienists; and it has sponsored dental recruitment programs. The Association has long recognized that the utilization of dental auxiliaries, of which the dental hygienist is a key member, is one of the most realistic, feasible and economically justifiable ways of meeting the increasing service load the dental profession is called upon to provide. These efforts of the profession acting through their Association, have met with some considerable success, and they have been largely responsible for the increase in the number of dental hygienists in Canada, and in the facilities for their training, which have occurred over the last few years.
2. The Council on Education of the Canadian Dental Association, aware of this expansion in dental hygiene education, prepared a statement on the "Minimum Requirements for the Approval of Schools of Dental Hygiene" which was approved by the Board of Governors in 1966. While this statement has proven to be of great value, Council felt that the practical need existed for further elaboration upon it, particularly in light of new developments in the field of dental hygiene education such as degree programs, and courses in post-secondary, non-university institutions.
3. Council wishes to emphasize that the recommendations contained in the present document are not to be interpreted in any way as an attempt to coerce universities or other institutions involved in dental hygiene education to follow specific directions. On the contrary, Council encourages imaginative experimentation in the training of dental auxiliaries, just as it has encouraged experimentation in the training of dentists for many years.
4. The Council on Education believes that its role in the development of new dental hygiene training programs should be principally in a consultant and advisory capacity, serving dental schools, intermediate colleges or other educational institutions, as well as dental and dental hygiene organizations, which may wish to establish curricula in dental hygiene. The Council has formulated educational standards for schools of dental hygiene which are periodically revised as need arises. Council is prepared at any time to aid in the initiation of new training programs for dental hygienists.
5. The following principles portray the view of Council in terms of dental hygiene curricula. The duties of dental hygienists, working in conjunction with dentists, are viewed as professional in nature. Under the supervision and direction of a dentist, the hygienist provides services of a preventive, therapeutic and educational nature. To render such services in a professional manner requires an educational and personal maturity obtainable only through curricula offered at college or university level. Council believes that the dental hygiene curriculum should include not only instruction in the clinical and technical procedures related

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specifically to the duties of hygienists, but also instruction in the pertinent biological sciences. To comply with the policies of the profession, and to conform to the various provincial dental acts, a licensed dentist must be available to supervise (and direct) the dental hygiene training.

UNIVERSITY DENTAL HYGIENE PROGRAMS; DIPLOMA AND BACCALAUREATE COURSES

6. When university policy permits, the Council on Education will continue to encourage the development of dental hygiene training programs in dental school settings. As new dental schools are planned and constructed, the Council will particularly encourage dental educators to provide space and facilities for some or all aspects of dental hygiene training. Great value has resulted from the services rendered by graduates of regular two-year diploma courses in dental hygiene. Present courses should be continued, and similar new ones begun.
7. The Council is however aware of the growing need for dental hygienists trained beyond the regular diploma level, able to assume greater responsibility in public health programs in a supervisory capacity, or in dental hygiene education. Courses designed to qualify graduates along these lines should therefore be instituted - courses leading to a baccalaureate degree.
8. In general, it is felt that degree courses for dental hygienists should extend over four years of training beyond secondary school education, during which the equivalent of the conventional two-year program in dental hygiene is taken. While it is possible to arrange a degree program whereby the dental hygiene component is taken as a separate entity, it is probably more desirable to integrate the other components with those in dental hygiene in a continuous four-year program. Since the primary objective of the baccalaureate degree program should be to prepare hygienists to become teachers and administrators, it would seem advantageous to orient the non-hygiene component of the program toward those disciplines that would be of either theoretical or practical use to the graduate in her more senior role in providing dental health services. That is, the non-hygiene major should emphasize such subjects as education, philosophy, sociology, public health administration, etc.

NON-UNIVERSITY DENTAL HYGIENE PROGRAMS

9. The recent and rapid development in the United States of schools of dental hygiene in non-university, post-secondary institutions such as junior colleges or technical institutes, has resulted in a very significant increase in the number of dental hygienists in that country. These schools have on the whole functioned quite successfully, although not without a number of problems, some academic and associated with lower entrance requirements, and some related to staffing, patient supply, etc. Despite the difficulties, there is evidence to suggest that non-university courses in dental hygiene in the United States have not only been successful in graduating large numbers of valuable dental auxiliaries, but that standards of training in most instances have been high.
10. Although no dental hygiene courses yet exist outside the universities in Canada, recent developments in the education of medical auxiliaries such as the transfer of nursing courses from hospitals to technical institutes indicates that similar developments should be expected in the dental field. Development of dental hygiene courses in non-university settings in Canada

would be a considerable departure from the traditional pattern. Council therefore feels that as a guide to those who may become involved in instituting such courses in this new educational environment, some elaboration of its views is warranted.

11. Council is of the opinion that dental educators, working with educators in junior colleges or technological institutes, can advantageously develop curricula for dental hygienists which, though created for a different educational environment from that of universities, can satisfactorily achieve the goals and objectives implied in the standards set by Council with respect to both didactic and clinical instruction for hygienists. In designing such curricula, consideration should be given to the possibility of courses being subsequently acceptable for credit for a higher qualification. In conformity with its long standing practice of encouraging free interchange of experience and ideas, the Council suggests that members of the dental profession and members of the staff of technical institutes consult with one another regarding the design and operation of schools of dental hygiene, and the Council urges members of the dental profession to act as consultants to assist such institutions in the initiation and development of new programs in accordance with local community needs and demands. In all instances when plans for new programs in dental hygiene education are being developed, and particularly where new innovation is being attempted, dental and dental hygiene education representatives should become actively involved.
12. As was mentioned earlier, regardless of the institution providing the course, the dental hygiene curriculum should be given as a college level course of study. The parent institution sponsoring the program should be recognized as capable of providing courses at this level. Council will not recognize or accredit training programs for dental hygienists which are proprietary in nature, or which lead to profit for an individual or group of individuals.
13. Education institutes such as junior colleges or their counterparts which offer dental hygiene courses, will be encouraged to consult with representatives of local dental societies and dental auxiliary organizations, or with the local dental school if one is available, in planning their programs. Council also recommends that dental and auxiliary *Advisory or Liaison Committees or Boards* be organized and operated in continuum and in collaboration with the educational institution, to provide support and consultation for successful and sustaining operation. The Council urges sponsoring institutions to seek advice and consultation freely from such Boards, and where possible to consult with dental educators and administrators as well. An Advisory Board should be used for all programs of dental hygiene training which are not located in a dental school. To be most effective the Board should be composed of individuals representing the educational institution, the local dental society, and the local hygienists' society. Members should be appointed or elected on some form of rotational basis with each member having a tenure of office of several years. Individuals representing the educational institution should probably include the instructors and the director of the particular school or program involved. Dental society representation should comprise individuals with a specific interest in dental hygiene education and who primarily represent the broad field of general dental practice. Dental hygienist representatives should be experienced individuals, actively engaged in practice or public health service, and interested and experienced in the education of hygienists.

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14. When properly utilized, a local Advisory Board can ensure that a particular program is kept up to date and functional, and that it meets the needs of the community and the dental profession. The Board should function in conformity with the regulations demanded by the institution involved. Under ordinary circumstances it would not be assigned an administrative responsibility, but it would function to ensure that educational programs are dynamic and effective by considering and making recommendations on such matters as developing standards for selecting students and assisting in recruitment of qualified applicants, determining content of training programs based on the broad outline suggested in "Minimum Requirements for the Approval of a School of Dental Hygiene", recommending space and equipment needs, locating outstanding, experienced and professionally able men and women to act as staff, informing the educational institute as to the changes occurring within the field, advising on future trends, reviewing the educational program and recommending improvements, advising the administration about employment opportunities for graduates, and publicizing the program and securing community co-operation and interest.
15. For many years the Council on Education has been associated with setting standards for *accreditation* of Faculties of Dentistry in Canada, and more recently with schools of dental hygiene in these Faculties. Accreditation has had a most salutary effect on programs of dental and dental hygiene education in Canada, and it should continue. Council suggests therefore that when new schools of dental hygiene are established, particularly in non-university settings, Council should be invited to review the program with a view to accreditation, as has been done with university dental hygiene programs.
16. Within the context of current discussions by the dental profession regarding expansion of duties of dental hygienists, the Council must emphasize to educators and administrators that educational requirements for dental hygiene curricula as published in "Minimum Requirements for the Approval of a School of Dental Hygiene" apply only to training for the performance of duties and services which are currently acceptable to the profession. Furthermore, Council is of the opinion that if and when additional services are assigned to hygienists, curricula may need to be re-designed. Efforts by educational institutions to expand the services rendered by hygienists should be done in collaboration with provincial licensing authorities.
17. When feasible, the Council encourages dental schools and institutes undertaking the development of new dental hygiene training programs to collaborate in the utilization of physical facilities by, for example, using clinical and laboratory facilities of the dental school while at the same time taking advantage of the general instruction in the sciences, liberal arts and social studies available in the institute. Clinical training for institute trainees should ideally take place in dental school clinics through a mutually satisfactory arrangement between the institute and the university, although consideration could be given locally to developing other sites for clinical instruction.
18. Regarding faculty, the Council generally regards selection and the determination of qualifications of faculty for schools of dental hygiene to be the prerogative of the parent institution. Council would ordinarily expect to find administrators with an interest in and a knowledge of the area of dental hygiene, and with an ability to provide competent and adequate professional supervision. Similarly, Council expects to find faculty members, who as well as being competent and experienced in their respective teaching areas, also demonstrate a broad interest in the field of dental hygiene.

19. The dental hygiene program should be administered by either a well-oriented dentist, or a qualified dental hygienist, the latter preferably with a baccalaureate degree or its equivalent. Dentists who are faculty members should have had some teaching experience, and experience in the utilization of dental hygienist services. Dental hygienist instructors should be experienced in the practice of dental hygiene and where possible should have a degree qualification.
20. Since the dental hygiene curriculum will include teaching in basic sciences and liberal arts as well as the social sciences, non-dental faculty members teaching these courses should be qualified by special preparation in their respective disciplines. It is preferred that such faculty possess certificates or degrees at least equivalent to those to be earned by the dental hygienist student. In addition, Council requests that parent institutions employ licensed dentists and dental hygienists for teaching the theory and practice of clinical dental hygiene. In most provinces licensed dentists should be engaged either full-time or part-time to act as supervisors of the clinical phases of the curriculum in order to comply with applicable provincial licensing laws. The duties of dental hygienists are primarily directed toward two areas, namely, dental health education and clinical service. The former involves instruction of patients in oral hygiene, home care of the mouth, and in nutrition; the latter involves carrying out oral prophylaxis, the taking of radiograms, etc. Schools offering dental hygiene curricula should therefore be prepared to supply sufficient numbers of clinical places and clinical patients to enable students to prepare themselves as competent dental hygiene practitioners. The Council will not look with favour on schools which arrange for the clinical training of students in private offices of dentists. Council does not believe that effective clinical education can be given to dental hygiene students in facilities other than established schools, hospitals or public clinics where adequate supervision can be provided. Further, the Council will wish to be assured that an adequate supply of clinical patient material is available in the vicinity of the training program so that each student may receive effective clinical instruction and experience throughout the training period.

APPENDIX D

REQUIREMENTS, POLICIES AND GUIDELINES FOR THE TRAINING OF DENTAL ASSISTANTS

INTRODUCTION

1. There are several means by which increased dental services may be provided to the public. One of the methods is to produce more adequately trained dental assistants. It is a proven fact that the utilization of dental assistants can increase the productivity of a dental office. Therefore, the Council on Education of the Canadian Dental Association is concerned with formal training programs which will graduate dental assistants who will be able to adjust rapidly to any practice either general or specialized, public health, hospital or university environment with only minimal training in personal requirements.

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2. It should be clearly understood that these requirements, policies and guidelines apply only to the non-intra-oral functions of the assistant. If dental assistants are to be legally permitted to perform any duties of an intra-oral nature, additional guidelines for educational program, accreditation and licensure must be added. If, however, pilot projects are to be instituted in expanded duties of the dental assistant, the accredited schools would be the logical ones in which such projects could be conducted and additional functions built on the educational foundations presently offered.
3. The utilization of dental assistants in practice varies considerably. If more than one assistant is employed, one may be receptionist-secretary-bookkeeper, another may function as a chairside assistant only and yet another may be a roving assistant whose duties may include developing and mounting radiograms, minor laboratory work and instrument sterilization. If space, type of practice or personal preference of the dentist is such that only one dental assistant is employed, then she must act as receptionist-secretary-bookkeeper, chairside assistant and roving assistant.
4. Therefore, any formal training program must provide adequate preparation for effective utilization as required by the employing dentist.
5. Dental schools are encouraged to include in their clinical program, instruction to all dental students in the chairside utilization of dental assistants. Graduates of formal programs can integrate quickly into this instructional phase.
6. At one time, dental faculties within universities were the only educational environments within which dental assistants could be trained. Indeed, it was believed to be the only place. The dental assisting experimental programs conducted in other educational environments have been successful and the experience gained by these projects have proven that we can use schools, other than dental schools, to produce well-trained graduate dental assistants. Secondary schools, technical institutes and post-secondary schools can be invaluable in the fact that they necessarily need not be located in large metropolitan cities but can provide courses as required to meet regional, professional and educational demands. Applicants who wish to avail themselves of retraining courses at the post-secondary school level will provide the dental profession with motivated, reliable and mature personnel.
7. The inclusion of a dental assisting course within the secondary school gives incentive to those who do not wish to follow the arts and science academic stream to remain in school and provides a girl with a means of making a living as a professional auxiliary regardless of her situation in later years. This graduate may not be as mature in years as her counterpart from a post-secondary school, but her professional education sets her apart from the other students. Experience has shown that a professional maturity is evident on graduation.

PART I

MINIMUM REQUIREMENTS FOR EDUCATIONAL PROGRAMS IN DENTAL ASSISTING

8. It is a recognized fact that formal courses for dental assistants are re-

quired for the following categories of students:

- (1) those of high school age who do not wish to enter the arts and science stream;
 - (2) those with a high school graduation diploma who do not wish to enter university;
 - (3) those presently engaged in dental assisting and who have gained their knowledge through "on-the-job" training;
 - (4) those mature candidates who qualify for entrance to the post-secondary schools;
 - (5) those who have graduated from a formal program and desire some form of continuing education or an advanced course in a specialized area of practice.
9. All of these students should be able to enroll in a program of their choice and capability, and after successfully completing the required course, graduate with equivalent minimum educational backgrounds. Continuing education should be encouraged and considered, but will not be included in this manual.
 10. Since these guidelines are meant to present the minimum requirements for future accreditation of courses upon which certification by agencies other than the Canadian Dental Association can be based, all of the programs presented, whether day or evening, in secondary or post-secondary schools and universities, must meet these requirements. It should be re-emphasized that if accreditation is to be considered, night school courses, whether for students presently employed as dental assistants or for those with no dental assisting background, should include not only the academic courses, but also the laboratory and clinical experience and should be offered in the same educational environment as the day classes. By petition only, students presently employed as dental assistants may be granted exemption in some or all of the clinical experience but this will be at the discretion of the individual schools.
 11. No proprietary courses instituted for financial gain will be considered for accreditation, nor should their graduates be considered for certification by any agency of the profession.

EDUCATION INSTITUTIONS

12. Dental assisting courses may be presented in secondary schools, post-secondary schools or faculties of dentistry within universities.
13. Prior to announcement of the commencement of such courses, the sponsoring parent institution should consult with representatives of the local dental association, provincial corporate body and/or licensing authority, and dental educators. This group would ensure that the proposed course would meet the needs of the dental profession, the student and the community.

ADVISORY COMMITTEE

14. This committee should be appointed and function early in the planning phase in order that they can be of assistance to the parent institution as required. Its membership should include representatives from the parent institution, two dentists practising in the area with knowledge and interest in dental

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assisting and appointed by the local dental association, two dental assistants currently employed as dental assistants who have been certified by the provincial dental assistants' association, the director of the course and one additional member who has had experience in a dental assisting educational program. These members should be appointed for a two year term with the option for reappointment. The committee would then continue to function as an advisory one in matters of curriculum, staff, etc. to ensure the continuing success of the course and acceptability of its graduates by the dental profession.

COURSE DURATION

15. The dental assisting program must not be less than one academic year in length regardless of the educational environment in which it is conducted. In order that the degree of professional maturity required of graduates is ensured, it is strongly recommended that courses conducted in secondary schools span a two-academic year period. Students will then be able to take a combined general high school and dental assisting program devoting half time each year to the two areas of study.

FACULTY

16. Adequate numbers must be appointed to ensure that the teaching load of the individual staff member does not exceed that of other comparable courses within the parent institution bearing in mind the fact that clinical and laboratory teaching requires more personal attention than a lecture-type course. The recommended student-faculty ratio is one instructor for every fifteen students.
17. The program director and instructors require education, current knowledge and experience in the dental assisting field. Their basic educational background must be acceptable to the parent institution and their dental knowledge must be acceptable to the advisory committee or preferably to the preliminary consultation body. Dental knowledge refers not only to that gained through experience alone but also to that gained through higher educational programs which include both basic and dental sciences. All of the following would be acceptable: a dentist with experience in dental assisting and current private practice or public health utilization of assistants; a dental hygienist with a baccalaureate qualification, teaching, practice and dental assisting experience; a dental assistant with a baccalaureate qualification, recent dental assisting experience and/or graduation from an accredited course for dental assistants.
18. Scarcity of qualified staff to fill directors' positions is a problem which all institutions must face. If compromises are necessary, it is strongly recommended that a dentist be appointed on a part-time basis to instruct in those areas where neither a diploma-holding hygienist nor a certified dental assistant is qualified by educational background to teach.

NUMBER OF STUDENTS

19. This would be governed by the local needs for graduates and the space and staff available within the institution.

PHYSICAL PLANT

20. This should include:

Lecture classroom or designated area;
 Laboratory room or designated area;
 Dental operatory or designated area;
 Sterilizing room or designated area;
 Director's office;
 Locker and changing room for students;
 X-ray operatory and darkroom (the operatory
 must be evaluated and approved by local
 agents as required)
 Reception room and business office;
 Storage room

ADDITIONAL TEACHING FACILITIES

21. Private dental offices, hospitals or clinics
for practical experience;
Dental equipment and supplies;
Library to include books pertaining to dentistry,
dental assisting and the related health sciences.

FUNDING AND FINANCIAL SUPPORT

22. Many dental assisting programs have received provincial government grants to cover building, structural changes and original capital costs of equipment. The parent institution should be prepared to provide the funds necessary to assume the full operating costs which would include consumable supplies, faculty and support staff salaries. Reasonable assurance should be given that these funds will be available to maintain a continuing program.

ADMISSIONS

23. Admission requirements would be dependent upon the parent institution but it should be equal to the requirements for comparable courses within the institution. Due to the scientific nature of the course it is strongly recommended that applicants have a background in chemistry and biology.
24. The director of the course should be a member of the Committee on Admissions and should have the privilege of personal interviews with prospective candidates.
25. The director should be utilized in an advisory capacity in any career counselling program within the parent institution.

SCHOLARSHIPS AND PRIZES

26. Any scholarship or bursary assistance within the parent institution should be made available to students in dental assisting. Organizations and private individuals should be encouraged to offer prizes or scholarships for excellence. The dental assistants should be eligible for any awards presented by the parent institution for eligible candidates on graduation.

CURRICULUM

27. Maximum and minimum clock hours for individual courses are not specified in order that greater freedom may be granted to each institution to develop its own program. A reasonable distribution of hours designated for theory, laboratory projects both dental and scientific, tutorials,

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clinical experience, office procedures, humanities and library study should be made to provide for student interest, participation and development of the competency required in dental assisting skills.

28. Instruction should be provided in the following categories, using lectures, laboratory procedures, preclinical practice and clinical experience as required:

- (1) Basic Sciences:
 - Anatomy, gross and dental
 - Physiology
 - Bacteriology, sterilization and transmission of disease
 - Pathology, general and oral
 - Histology, general and oral
- (2) Allied Dental Subjects:
 - Orientation to dentistry, dental health team concept and history of dentistry
 - Ethics and Jurisprudence
 - Terminology and Nomenclature
 - Equipment and supplies
 - Dental Materials and related chemistry, physics and mathematics
 - Public Health
 - Radiography
 - Dental Health Education
- (3) Allied Subjects:
 - First aid and office emergencies
 - Diet and nutrition
 - Pharmacology
 - Psychology and personality development
- (4) Business Skills:
 - Office management techniques and procedures
 - Accounting and banking
 - Communication skills
 - Typing
- (5) Dental Assisting:
 - (a) Chairside assisting in periodontics, oral surgery, endodontics, paedodontics, orthodontics, prosthodontics, restorative dentistry, examination and charting
 - (b) Office laboratory procedures
 - (c) Preclinical chairside instruction and supervised clinical office experience

VISUAL AIDS

29. As essential adjuncts to any dental assisting program, both students and staff should have access to a wide range of visual aids. Slide projectors, overhead projectors, microscopes and their appropriate slides should be available.
30. The library in the parent institution should contain books and periodicals relating to dentistry, dental assisting and other health sciences. Directors should have a departmental budget to provide reference textbooks.

GRADUATION DOCUMENT

31. This should be granted by the parent institution and be similar in nomenclature to similar courses within the institution.
32. Cap insignia should not be given by the parent institution. Individually designed caps, arm patches to be worn on uniforms or school pins could be awarded to signify the specific school from which the successful candidate had graduated.

PLACEMENT SERVICE

33. If a placement service for graduates and registry for prospective employers is available within the parent institution, dental assistants and dentists should have the same privileges as others to utilize the service. If this is not available, then an outside, private agency should be used, preferably one dealing exclusively with the dental profession. It is strongly recommended that the director of the course should not be forced to assume the added responsibility of providing a registry and placement service.

NOMENCLATURE

34. Graduation Document:

This does not signify certification but is granted by the parent institution only on the successful completion of its formal course for dental assistants.

Certification:

This is granted by the local or national dental assistants' association when all their requirements for certification have been met. When a dental assistant is awarded the title "certified dental assistant" she is then permitted to wear the blue cap insignia which denotes all requirements have been fulfilled.

Accreditation:

This is granted to a school for dental assistants by the Council on Education of the Canadian Dental Association. When all requirements for accreditation have been met and approved by the accrediting body, the candidate (by virtue of her graduation document) may say she has graduated from an accredited school and will then be eligible to proceed to the requirements necessary for certification.

PART II

MECHANISM FOR ACCREDITING COURSES IN DENTAL ASSISTING

35. The Council on Education of the Canadian Dental Association should be the official accreditation agency, with the sub-committee on survey policy assuming a role similar to its present one in respect of undergraduate dental and dental hygiene programs. The accreditation survey would be conducted only on request of the administration responsible for the course. It should be noted that the evaluation of the institution as a whole is not the intent but only those areas of administration, finance and operation which have a bearing on the conduct of the course in dental assisting. The parent institution sponsoring the programs should be recognized as capable of providing courses at

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this level. All costs for the first survey for accreditation and subsequent renewal accreditations of five-year intervals would be borne by the Canadian Dental Association, which may, of course, seek external grant support for this purpose.

36. Each school is given the freedom to develop its own program. However, certain basic elements should be present and the following criteria will be used to judge the efficiency of time, space, course content, staff and budget utilization:

ADVISORY COMMITTEE

37. It should consist of representatives of the parent institution, dentists, dental assistants, the course director, and someone with experience in dental assisting educational programs. The committee should meet at regular intervals in order that the course may increase in its effectiveness. Experimentation in educational methodology is encouraged and the committee would be expected to function in this capacity also.

DENTAL ASSISTING PROGRAM

38. The course must not be less than one academic year in length. It may be conducted in a secondary school, post-secondary school, technical institute or university, but should not be offered and operated for profit. The program must be an integral part of the parent institution.

FACULTY

39. The program director and instructors must have education, knowledge and experience in dental assisting and there should be an adequate number to provide a reasonable staff-student ratio. Staff members should be allowed time for attendance at scientific meetings in order that they may keep up to date on modern methods of practice.

PHYSICAL FACILITIES

40. These should be adequate for the numbers of students and should include:
 - (a) Classroom
Laboratory
Dental operatory including approved x-ray facilities
Faculty office
Student facilities
Business office training facilities, including typing
 - (b) Supervised private dental offices, hospital or clinic facilities for clinical experience
 - (c) Dental equipment and supplies necessary for preclinical training
 - (d) Library and visual aids:
including, for staff and students:
 - reference books and periodicals in dental assisting, dentistry, basic and dental sciences, allied health sciences
 - visual aid equipment, including projectors, microscopes and instructional aids

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FINANCIAL SUPPORT

41. This should be present to provide the original capital outlay for the physical facilities and equipment and adequate funds should be available for salaries, supplies and visual aids to maintain a continuing effective program for a reasonable length of time.

ADMISSIONS

42. They should be equal to the requirements for comparable courses within the parent institution. Biology and chemistry should be prerequisite to ensure that the applicants will have the science background necessary.

SCHOLARSHIPS AND PRIZES

43. Any scholarships, bursaries and prizes within the parent institution should be open to qualified students in dental assisting.

CURRICULUM

44. The examiners will expect to find adequate instruction in the following areas:

- Anatomy, gross and dental
- Physiology
- Bacteriology
- Pathology
- Histology
- Orientation to dentistry, dental health team concept and history of dentistry
- Ethics and jurisprudence
- Terminology and Nomenclature
- Dental Materials
- Public Health Dentistry
- Radiography
- Dental Health Education
- First aid and office emergencies
- Diet and nutrition
- Pharmacology
- Psychology
- Business skills, including typing
- Chairside assisting skills, including equipment and supplies
- Laboratory procedures
- Preclinical chairside assisting
- Clinical experience
- Sufficient time for library study.

ACCREDITATION

45. The sub-committee on survey policy of the CDA's Council on Education will study the reports and recommend to the Council on Education either to grant or refuse accreditation. They should comment on the institution's areas of strength and the areas needing improvement. Every effort should be made to offer assistance and guidance to the parent institution to strengthen its areas of weakness.

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APPENDIX E

A REPORT ON THE TEACHING CONFERENCE OF THE COUNCIL ON EDUCATION, HELD IN TORONTO ON 16 AND 17 FEBRUARY, 1970

ORAL BIOLOGY

Keynote Speaker: Professor D. J. Anderson,
University of Bristol, England

Delegates:	University of Alberta	- N. R. Thomas (Chairman)
		- D. J. Carmichael, 2nd Delegate
	University of British Columbia	- L. Krintz
	Dalhousie University	- A. P. Angelopoulos
	University of Manitoba	- I. Kleinberg
	McGill University	- K. C. Bentley
	Université de Montreal	- Z. Mezl
	University of Saskatchewan	- John B. Gavin
	University of Toronto	- A. T. Storey
	University of Western Ontario	- P. G. Dellow

The program of this conference took the form of short reports followed by a wide ranging discussion.

DEFINITIONS

From these reports and the subsequent discussions the undermentioned definitions were agreed upon.

BASIC SCIENCES is defined as those sciences (anatomy, physiology, biochemistry, pathology, microbiology, pharmacology and immunology) which are the biological foundation of all the health sciences.

ORAL BIOLOGY is defined as the area of knowledge concerned with the oral aspects of these basic sciences.

THE PURPOSE OF BASIC SCIENCES AND ORAL BIOLOGY IN THE DENTAL CURRICULUM is to enable the student to approach the various branches of clinical dentistry with understanding and give him a knowledge of the scientific method.

ORAL BIOLOGY, SCOPE AND PRACTICE

The key paper, *Oral Biology, Its Scope and Practice*, was presented by Professor D. J. Anderson (Bristol) and is on file in CDA headquarters.

The following excerpts from this report underline the recent development of oral biology as well as its purpose, place and importance in the dental curriculum:

Since the second world war there has been an enormous increase in dental, or rather, oral research.

The body of knowledge which has been assembled has called for the establishment of a journal, the *Archives of Oral Biology*, and there have been international congresses. Oral biology has rightly come to be regarded as a desirable if not essential part of the knowledge to be acquired by dental students. Hence the appearance of teachers, departments and lecture courses in oral biology.

Professor Anderson then quoted from a recommendation of the General Dental Council (the educational advisory and licensing body which acts on behalf of the Privy Council in Britain):

The study of the preclinical and basic medical sciences is an important preliminary training which should enable the student to approach the various branches of clinical dentistry with understanding and give him a knowledge of the scientific method. These subjects will assume great relevance for the student if they are taught by teachers who themselves have a special interest in dental and oral problems ... It has been found advantageous to teach dental students in courses specifically designed for them.

So I feel that the basic science course content must to a large extent be dictated by the needs of the oral biologists, and it may be that some aspects of the basic sciences must be given very little treatment to allow longer time for deeper treatment of other areas important to oral biology. I believe that we ought not to build a super structure of oral biology on a basic framework in the design of which we had had no hand. To achieve a controlling influence, oral biologists should be firmly rooted in the preclinical departments.

I would place oral biology astride the all too wide a gap between the preclinical and clinical periods.

ROLE OF ORAL BIOLOGY IN UNDERGRADUATE DENTAL EDUCATION

Dr. L. Kraitz considered *The Role of Oral Biology in Undergraduate Dental Education* and has placed his report on file at CDA headquarters.

The following represents a precis of this excellent resource paper:

The oral biology program may be viewed as having four main areas of responsibility in undergraduate dental education.

1. To extend the teaching of the traditional basic sciences to

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include coverage in depth of those "topics" of special significance to dentistry.

2. To act as the integrator of scientific knowledge by developing a multidisciplinary approach to the study of the oral tissues with the tissues rather than the scientific disciplines as the points of emphasis.
3. To relate the basic sciences to, and make them meaningful for clinical diagnosis and treatment.
4. To provide a basic understanding of scientific methodology and the critical evaluation of scientific information.

ORAL BIOLOGY AND BASIC SCIENCES

Dr. J. B. Gavin in his penetrating report *Oral Biology and Basic Sciences* dealt with three aspects of this topic. The report is placed on file at CDA headquarters.

1. The definition of the areas known as "basic sciences" and oral biology.
2. The guiding philosophy in deriving the course content of basic science and oral biology.
3. The interrelationships between oral biology and the basic sciences.

The conclusions that were drawn from the consideration of these three areas formed the basis for many of the recommendations drawn up below.

ORAL BIOLOGY AND CLINICAL SCIENCES IN DENTAL EDUCATION

In his consideration of his subject, *Oral Biology and Clinical Sciences*, Dr. Angelopoulos stressed the need for verticalisation of the oral biology program in a curriculum where basic sciences and clinical dentistry are taught concurrently. These three areas, basic science, oral biology and clinical dentistry in a vertical or diagonal system would present no clear boundaries and the transition would be amooth, gradual and meaningful.

This report is deposited in the files at CDA headquarters.

ORAL BIOLOGY AND DENTAL RESEARCH IN THE UNDERGRADUATE PROGRAM

Dr. P. G. Dellow discussed *Oral Biology and Dental Research in the Undergraduate Program*. Here stress was placed on the involvement of the undergraduate in research and research thinking throughout the four professional years of the dental curriculum. The report emphasised the need for setting imaginative research topics in the junior years through discussion between teacher and student. This would lead into animal, human, library, consultative and field studies on the part of the student. It is important to realise that success should not be measured by the research output but the academic maturation of the participants.

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The resource report of Dr. P. G. Dellow is on file at CDA headquarters.

ORAL BIOLOGY IN THE POSTGRADUATE PROGRAM

In this area Dr. I. Kleinberg presented a lucid and well received account of the evolution of the science component of the dental curriculum and the types of dental graduate produced by the different programs over the years. The present day Ph.D., D.D.S. graduate of an established oral biology postgraduate program does not fit into any specific group whether it be basic science or clinical. This was due to the graduate's pursuit of dental topics in depth which could not be classified as falling within any one pure scientific discipline or clinical field. The study in depth had crossed the dividing lines between the traditional sciences or clinical disciplines. This underlined the need to develop within the dental faculties a division of oral biology that could be conceived of as an umbrella for a gamete of overlapping oral biological departments. He considered also the close relationship that must exist between basic medical and dental science areas in addition to the clinical counterparts. The postgraduate's choice between the various courses available in the oral biology division would depend upon whether a graduate was pursuing a two-year M.Sc. or a four-year Ph.D. program and also what sort of future career development the graduate had in mind. The certification program for the clinical specialist for example in crown and bridge dentistry would need to consider in depth those aspects of oral biology that would closely relate to his specialty e.g. plaque, calculus biochemistry etc.

This report clearly emphasised the many ways in which an oral biology division could contribute to the advancement of dentistry either in a clinical or basic science sense. It was equally certain that those responsible for making faculty appointments would increasingly look to the oral biology department for well qualified staff who could reliably contribute to teaching and research in the dental field as well as integrate the basic and clinical sciences. This was a clear responsibility of the oral biology departments in the postgraduate framework.

The report is filed in CDA headquarters.

TEACHING METHODS AND ORAL BIOLOGY

In his exhaustive treatise on the teaching methods open to oral biologists, Dr. Z. Mezl pointed out the use and abuses of the present day many and varied teaching methods. His report is filed in CDA headquarters.

The suggested recommendations which are listed below in regard to teaching methods have already received ample support through the Macpherson Report (*Undergraduate Instruction in Arts and Science Toronto 1967*) and the St. Arnaud Report (*La promotion par matière et les méthodes pédagogiques Université de Montréal 1968*). There seemed no reason to think that these recommendations should not also apply to the oral biology area. The recommendations of the above committees are therefore endorsed by the Oral Biology Conference and are merely restated here for convenience.

STUDENT PARTICIPATION IN BASIC SCIENCES LEARNING

Dr. A. T. Storey brought to the attention of the conference his enthusiastic observations on *Student Participation in Basic Sciences Learning*. The report

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was given warm reception and has been placed on file at CDA headquarters. The subject material was considered under the following sectional headings which can be summarised:

1. FUNCTION OF THE BASIC SCIENCES IN THE LEARNING EXPERIENCE OF THE DENTAL STUDENT.

In summary of this section it would appear that basic sciences serve a number of functions. They offer medium for "the development of the arts of recovery, inquiry and criticism" and in varying degrees they provide the basis for sound clinical treatment.

2. THE NEW UNIVERSITY ENVIRONMENT

As can be seen from a perusal of recent issues of *University Affairs*, a publication of the Association of Universities and Colleges of Canada, the concept of a community of scholars in which the student plays a much more active role is to be found on the campuses of all Canadian universities.

3. PATTERNS OF PARTICIPATION

There is a varied list of ways in which students may participate in basic science learning.

The discussion group is more effective than the lecture. Where groups are small enough the discussion may take the form of "Dialogue Teaching." The purpose of dialogue teaching is to impel serious thought upon a particular topic.

The teaching laboratory is frequently cited as the ideal environment for the teaching of the basic sciences. They may take the form of the *Structured Laboratory* consisting of a selection of laboratory experiments tailored to the equipment and time available; the *Individual Project* - open only to usually the upper 15 per cent of the class and in which the student elects to work with any willing member of a basic science department; and the *Group Project* where the more distinguished students sign up for a project of their choice with 5 to 10 other students. Any one of these projects allows a student to pursue a subject in depth in any way he desires. There are manpower and favourable student reaction advantages in these procedures. Finally the *Simulation* technique was cited in which a student is presented 3 distinct types of information. The first is to provide the student with a patient's past and present medical history. The second concerns a description of the type of appointment and situation with which a dentist might normally be confronted in practice. Finally the simulated problem on film is projected in which the patient "talks" to the student giving in progression the clinically significant signs. The student is expected to respond to the situation by providing the diagnosis and treatment plan. A filmed feedback showing how the patient might respond to the student's treatment plan is projected.

In all of these procedures the important ingredient is the active participation of the student in the basic science learning situation.

Dr. D. Carmichael concluded the conference with a consideration of the topic, *The Oral Biology Institute*, in which he expounded the urgent need for an "updating" program in oral biology for present and potential faculty. His suggestion was given an enthusiastic reception and highly commended by the conference at large. Dr. Carmichael's report is lodged in the files of the CDA headquarters.

Based upon the above definitions of basic sciences and oral biology and their purpose in the dental curriculum the following recommendations were proposed:

RECOMMENDATIONS

1. That the content of the basic science courses for dental students include the material appropriate to the needs of the oral biology program.
2. To ensure a biological foundation for an orientation of the clinical sciences the Canadian dental faculties are urged to establish oral biology programs. The majority of the participants felt that the oral biology programs could be best implemented through a vertically integrated undergraduate curriculum.
3. To ensure maximal integration of oral biology with the clinical dental sciences and the basic biological sciences the Canadian dental faculties are urged to adopt the multidisciplinary approach for the teaching of specific topics or subjects concerning the oral cavity in health and disease.
4. To improve the effective teaching of oral biology within the overall undergraduate curriculum the Canadian dental faculties are urged to consider the establishment of oral biology departments for the attraction of well qualified staff to facilitate the integration of the basic sciences with clinical dentistry.
5. Establishment of graduate programs in oral biology to provide the teachers and researchers necessary to the above oral biology departments.
6. That the teaching of oral biology is best served by including the approaches and techniques of student participation, independent study, problem orientation, research involvement and all atmospheres of creative expression.
7. That each Canadian faculty of dentistry encourage the more active participation of the dental student in his learning experience in the basic sciences and oral biology.
8. That the survey teams of the Council on Education of the CDA be instructed to look for, commend the presence of and criticise the absence of student oriented instruction in the basic sciences and oral biology.
9. That participants in the 1970 Teaching Conference view with alarm any proposals of the RCD(C) to award fellowships in the area of

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oral biology and recommend that the Council on Education of CDA ascertain the future intentions of the RCD(C) and explore the implications that this may have for the employment of oral biologists in Canada.

10. That an annual workshop in oral biology be considered to provide an opportunity for present and potential faculty to update their knowledge in this area (not as a formal course or certification).

TEACHING METHODS

RECOMMENDATIONS

1. Appointments and promotions of teaching personnel should be based on teaching efficiency, besides the other criteria presently used. Demonstrated teaching achievement (such as handbooks, audio-visual recordings) should be appraised as well as research achievements.
2. Where it is not yet done, the faculties should make available to the staff seminars in modern teaching methods.
3. Where it has not yet been done, the use of simple lectures for teaching oral biology should be reduced.
4. The system which determines the relative value of subjects by the number of lecture hours per semester should be changed.
5. In certain basic sciences the laboratory time should be reduced.

APPENDIX F

NATIONAL CANCER INSTITUTE OF CANADA
CDA REPRESENTATIVE: DR. D. L. ANDERSON

1. The education program of the Canadian Cancer Society has changed its emphasis from the wide proclamation of the "seven danger signals" to the "seven safeguards". This was done in an effort to eliminate the irrational fear of cancer which was found in many Canadians. The seven danger signals of cancer were: (1) unusual bleeding or discharge; (2) a lump or thickening in the breast or elsewhere; (3) a sore which does not heal; (4) persistent change in the bowel or bladder habits; (5) persistent hoarseness or cough; (6) persistent indigestion or difficulty in swallowing; (7) change in a wart or mole. The seven safeguards are: for everybody - (1) have a regular medical checkup; (2) don't smoke cigarettes; (3) have your dentist check for abnormal conditions; (4) arrange with your doctor for a bowel examination; (5) avoid excessive exposure to sunlight; for women - (6) practice regular breast examination; (7) have a regular Pap test.

2. Three of the safeguards have oral implications. Number 3 directly involves the dentist in making an adequate oral examination. The most prevalent oral cancer in Canada is lip cancer, and the evidence indicates that this is caused by excessive sunlight exposure - point 5. Although the Pap test in point 7 refers to its application to the cervix uteri, this test is being successfully applied to the mouth. In the mouth it is not used on a mass screening basis, but otherwise its use is very similar. Oral cytology is much more reliable and useful for the detection of intra-oral cancer than for lip cancer. Since lip cancer incidence is high and intra-oral cancer incidence is low in the predominantly rural provinces, and conversely intra-oral cancer incidence is high and lip cancer incidence low in provinces with large urban populations, it appears that oral cytology will be most useful in provinces with large cities.
3. At present there are five provinces with oral cytology programs. These are the same as a year ago: Newfoundland, Ontario, Manitoba, Alberta and British Columbia. Utilization of the program in British Columbia is increasing. Dr. Ann Worth of the British Columbia Cancer Institute has been very active and cooperative in respect to oral cytology in B.C. Dr. Richard L. Hayes, Assistant to the Chief of the Head and Neck Cancer Detection unit of the Cancer Control Program of the US Department of Health, Education and Welfare, has been very helpful in supplying information and publications concerning oral cytology in the USA. At the end of 5-1/2 years in the Ontario Oral Cytology Program, the evidence is that smears taken by dentists do lead to the identification of oral cancer at a stage when it is clinically innocuous, and at a size when chances of survival are favourable. Since intra-oral cancer incidence is relatively high in Quebec, and since the death rate from cancer of the buccal cavity and pharynx in men is much higher than in any other province, it is unfortunate that it has not been possible yet to establish an oral cytology program in that province.
4. The National Cancer Institute of Canada has been most cooperative in providing access to material containing information on oral cancer incidence and mortality. More comprehensive data on cancer incidence will soon be available due to the establishment by the National Cancer Institute of a National Cancer Registry at the Dominion Bureau of Statistics in Ottawa. All ten provinces have now agreed to participate. The name, age, sex, geographical location within the province, diagnosis and method of diagnosis are being recorded on each new cancer patient and prepared for computer analysis. Very few countries have registries, and this difficult and important achievement in Canada should yield further insight into the nature of cancers, including oral cancers.

ENDODONTICS

EXECUTIVE: Louis Rosen, President, Montreal; I. A. Arshawsky, President-elect, Toronto; Isadore Wolch, Secretary-Treasurer, Winnipeg

R E P O R T

ANNUAL MEETING

1. The annual meeting of the Canadian Academy of Endodontics was held at the Queen Elizabeth Hotel, Montreal, in conjunction with the CDA on July 8 and 9, 1969.
2. The 1970 meeting will also be held in association with the CDA at the Hotel Sonesta, Winnipeg, July 1 and 2.

SUMMARY OF YEARS' ACTIVITIES

3. The executive met in Toronto on December 20, 1969.
4. A motion was passed to contribute \$200.00 to the Canadian Fund for Dental Education.
5. Plans were formulated to distribute a pamphlet describing, in lay language, how teeth can be saved by endodontics. This will go to all dental offices in Canada.
6. Negotiations are proceeding to send an internationally known endodontist to tour Canada in November, 1970.
7. It was agreed to join with the American Association of Endodontists for a combined meeting in April, 1972 in Montreal.
8. Dr. Rosen has corresponded with all the provincial associations requesting that they give official recognition to endodontics as a specialty. To date five provinces recognize endodontics and, in as much as the CDA has given its official approval it is expected that the remaining provinces will follow suit shortly.
9. Dr. Wolch has forwarded the results of his survey of undergraduate endodontic requirements to all Canadian schools.
10. Dr. C. Aho has distributed two newsletters to all members since the last annual meeting. These contain a summary of the scientific papers from the annual meeting as well as news from the study clubs and an outline of the 1970 meeting. Drs. L. Grossman and N. A. Bhaskar will be the feature clinicians.

MEMBERSHIP

11. Total membership in the Academy as at March 23, 1970 is 88; 32 active and 56 associate members.

MEMBERS: R. M. Le Blanc, Chairman, Montreal; J. M. Darcy, St. John's; G. E. Decker, Edmonton; W. K. Martin, Regina; K. F. Pownall, Toronto.

R E P O R T

1. The Council on Ethics met December 4, 1969.

REVIEW OF CODE

2. The aim of this meeting was to complete the new *Code of Ethics* which will replace the one we have had since 1958 and which has been modified several times.
3. To facilitate its use, the new Code which we submit to you as Appendix A is divided into sections numbered from 1 to 25 with a title for each.
4. As it stands, it forms a general framework, and later each section will be accompanied by explanatory commentaries giving the council's interpretation of special cases. These interpretations which will be an indispensable supplement to the Code will be included in the report to be submitted to the Board of Governors next year.

The Board wishes to emphasize the importance of paragraph 4 as it relates to further development of the Code of Ethics.

5. We have used as precise terms as possible and easy to understand. The sections are short, concise, and often new.
6. We have allowed for provincial requirements in certain cases and have consistently tried to make the text applicable to all provinces.
7. We hope that this new Code will meet with the approval of the Board of Governors and will serve as a truly national code.

Resolved:

That the Board of Governors approve the new "Code of Ethics" as submitted by the Council on Ethics in Appendix A and amended by the Board.

Adopted.

MEETING 1970-71

8. Completion of the explanatory commentaries or interpretations will necessitate an additional meeting of the council in 1970-71 and a budget of \$1,000 is required for this purpose.

Resolved:

That the Board of Governors approve the expenditure of up to \$1,000 for a meeting of the Council on Ethics during the 1970-71 term.

Moved that this resolution be considered along with the Treasurer's Report.

Adopted.

ETHICS

CODE OF ETHICS

PREAMBLE

The ethical foundation of the practice of dentistry consists of moral obligations which ensure the dignity and integrity of the profession.

The aim of this Code is to define clearly these obligations, and these professional duties which must be observed by every practitioner and also to define some of the major and minor abuses which must be avoided.

Study of this Code should develop in every student and every practitioner a highly sensitive professional conscience. It is the imperative duty of every dentist to adhere strictly not only to the regulations prescribed by this *Code of Ethics*, but equally to its basic moral precepts.

SECTION 1: SERVICE TO THE PUBLIC

1. The dentist's first duty is to serve the public.
2. He must at all times practise his profession with all the knowledge and ability of which he is capable.
3. He must never practice under conditions which may adversely affect the quality of his treatment.
4. He is obliged to improve himself by constantly renewing his theoretical and clinical education, adjusting to modern concepts of practice.
5. He should kindly but firmly insist upon doing only those things which his professional knowledge dictates to be in the best interest of his patients' welfare.

SECTION 2: CONSULTATIONS

1. When it is necessary in the interest of his patient or when the patient or his family request it, the dentist should arrange for consultation.
2. The referring dentist and the consultant must avoid discrediting one another even if their opinions differ.
3. The consultant will not undertake any treatment without the consent of the referring dentist.
4. In case of disagreement on the proposed treatment and if the patient accepts the consultant's plan, the referring dentist may withdraw from the case.

SECTION 3: FEE SPLITTING

It is contrary to professional ethics:

1. To pay a commission to a colleague or to any other person for referral of a patient;
2. To split fees with other practitioners or with other persons.

SECTION 4: PROFESSIONAL SECRECY

Information of a professional or personal nature between a dentist and patient, must be kept in strict confidence except as required by law.

SECTION 5: RECORDS

Adequate records of diagnosis and treatment of each patient should be maintained.

SECTION 6: PROFESSIONAL FEES

1. Fees should always be determined fairly.
2. The dentist should tell the patient in simple, understandable terms the kind of treatment he recommends and give an estimate of his fee for such treatment.
3. On the patient's request the dentist must render him an itemized statement.

SECTION 7: COLLECTION OF ACCOUNTS

1. The dentist must maintain control of his accounts at all times.
2. Accounts must be rendered on a printed form bearing the dentist's name.
3. The dentist may for purposes of delinquent accounts accept payment from an agency only on amounts collected by the agency.
4. This does not preclude the utilization of any methods of collection or rendering the accounts deemed acceptable by provincial legal dental bodies.

SECTION 8: RIGHT TO REFUSE TREATMENT

1. Except in an emergency, the dentist has the right to refuse treatment for either professional or personal reasons.
2. A dentist having undertaken the care of a patient may not neglect the patient or discontinue his service without first having given notice in advance.
3. The dentist may cease to treat a patient provided he gives him formal

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notice in advance. He must endeavour to arrange for continuity of treatment and for this purpose provide the necessary information.

SECTION 9: OBLIGATIONS TO THE PROFESSION

1. Every dentist must maintain the honour and the integrity of the profession.
2. He must abstain even in his non-professional activities from any act which could lose him the respect of the profession.
3. Every dentist should contribute to the advancement of his profession by giving whole-hearted support to local, provincial and national dental associations.

SECTION 10: PATENTS AND COPYRIGHTS

The dentist has the obligation of making the fruits of his discoveries and labours available to all when they are useful in safeguarding or promoting the health of the public. Patents and copyrights may be secured by a dentist provided that they and the remuneration derived from them are not used to restrict research, practice, or the benefits of the patented or copyrighted material.

SECTION 11: LENDING OF NAME

A dentist does not lend his name or written testimonial whether for reward or not, to any medical, surgical or dental appliances or apparatus or any drug or medicinal or dental preparation or material which is sold or given to the public.

SECTION 12: UNJUST CRITICISM

When examining or treating a patient the dentist must be most circumspect in his remarks about the treatment the patient has been given previously and refrain from uttering any appraisal of or judgment on their quality.

SECTION 13: EMERGENCY SERVICE

1. If the patient consults a dentist in case of emergency or in the absence of his regular dentist, the dentist consulted may give the necessary treatment but must refer the patient as soon as possible to his regular dentist to whom he will give all necessary information about the case.
2. In case of emergency when it is impossible to obtain the consent of the parents or legal guardian of a minor or an incompetent person, the dentist must give the necessary treatment.

SECTION 14: USE OF PROFESSIONAL TITLES AND DEGREES

1. In presenting himself to the public, a dentist should do only those things which will present him as an equal of his professional confreres, except

as he may be duly qualified to practise as a specialist in his province.

2. Announcement of any nature to the public in connection with his practice should not contain any reference to procedures, equipment or qualifications - other than by accepted abbreviations of recognized degrees, diplomas and specialist qualifications recognized by the provincial legal body.

3. A dentist may use the titles or degrees, Doctor, Dentist, DDS, DMD and such other titles and degrees permitted by the provincial legal body.

SECTION 15: ADVERTISING

All direct or indirect uses of publicity, advertising and solicitation are unethical.

SECTION 16: PROFESSIONAL ANNOUNCEMENTS

1. The dentist may use such sign or signs which in size, character, wording and position, reasonably may be required to indicate the entrance and location of the premises in which the practice is located. Such signs should be of the character, size and material as may be approved by the provincial legal body.

2. The dentist may indicate on his professional stationery only his name, degrees, recognized specialty, office address, office hours and telephone number.

3. The dentist may use honorary degrees in college registers, calendars, textbooks, and published articles in journals if in conformity with the policy of the editorial board. The use of letters after a person's name signifying membership in a society is unethical.

SECTION 17: COMMENCEMENT OF PRACTICE, CHANGE OF ADDRESS OR THE CHARACTER OF PRACTICE

Notification may be sent only to all patients of record, to other dentists, to members of other health professions and such other announcements as are permitted by the provincial legal body.

SECTION 18: GROUP DENTAL PRACTICE

1. Each member of the group must practise under his own name in order to give patients a free choice.

2. Each member of the group must sign personally the insurance reports and other documents concerning the treatment provided by him.

3. Each dentist must maintain his own professional responsibility for which he must carry a liability insurance for himself.

4. In the naming of the premises no members shall use a trade name or a distinguishing name which would link that individual with the group, e.g. "Smith Dental Building."

5. Examples of acceptable building names are: Medical or Dental Building,

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Professional Building, Queen Street Building, Medical or Dental Arts Building.

6. All names comprising the group shall be listed in the telephone directory, building directory and on all letterheads and billing statements.

7. If the group numbers fewer than four members, then all names should be used at all times and for all purposes.

8. If the group is greater than three members, then some name could be used to indicate the group such as: Dental Associates, Queen Street Dental Associates or Dental Group or Dr. X and Associates.

SECTION 19: CORPORATION

A dentist or a group of dentists may practise as a corporation if permitted by provincial law.

SECTION 20: LAY PRESS - RADIO - TELEVISION

1. Any article submitted to the press or interview reported by the press or any appearance, either live or recorded, on radio or television shall be held to be an improper advertisement if it includes the professional address of the dentist.

2. A dentist who gives an interview to a representative of the press, radio or television, should take steps to ensure that the above views are respected.

SECTION 21: EDUCATION OF THE PUBLIC

1. Every dentist should seek opportunity to educate the public in the aims and desires of his profession.

2. A dentist may properly participate in a program of health education of the public involving such media as the press, radio, television and lecture. Such presentations should be in keeping with the dignity of the profession and should have the approval of the provincial legal body.

SECTION 22: AUXILIARY PERSONNEL

1. The dentist has an obligation to protect the health of his patients at all times by not delegating or referring to a person less qualified than himself any service or operation which requires the professional competence of a dentist, or condoning or being a party to such referrals.

2. The dentist and the profession have a further obligation of prescribing and regulating the work of all auxiliary personnel in the interest of rendering the best service to the patients.

SECTION 23: CERTIFICATE

1. The dentist should complete such legal forms as are requested by legislation.

2. Any such certificates, attestations or other documents must bear his signature written in his own hand.

SECTION 24: DENTAL EXPERT WITNESS

The dentist has the obligation of cooperating with appropriate public officials on request by providing expert testimony.

The Board recommends that the Communications Committee consider distribution of the Code of Ethics in a format that fits a three ring loose leaf binder.

The members of the Council on Ethics are commended for their many hours of productive work studying all available codes of ethics from around the world as a background to compiling a new Canadian "Code of Ethics."

EXECUTIVE COUNCIL

MEMBERS: H. R. MacLean, Chairman, Edmonton; H. Brouillet, Montreal; W. J. Spence, Toronto; J. E. Abra, Winnipeg; L. Bernier, Quebec; L. E. English, Kamloops; A. L. MacIsaac, Charlottetown.

R E P O R T

1. The council met four times since the 1969 annual convention. In addition Council participated in a joint conference with the Board of Trustees of the American Dental Association in Chicago in July and in a special meeting of the Board of Governors held October 31 and November 1, 1969.

ANNUAL MEETINGS

2. 1969

Dr. Roger Charette, Chairman of the 1969 convention and his committee were commended on the excellent meeting in Montreal in July, 1969 and for the informative post-convention report which council forwarded to the convention subcommittee, and to Dr. Beattie, chairman of the 1970 convention, for study.

3. 1970

- (1) The fine organizational abilities of Dr. P. Beattie are hereby recognized, and appreciation is expressed to him and to his committee for the hard work required to assure the success of this 1970 national convention.
- (2) Council wishes further to recognize and thank the Manitoba Dental Association for its cooperation and efforts.
- (3) "The Role of Allied Dental Personnel in Canada" is the topic of the Canadian Dental Association's 1970 presentation. It will be presented by a panel of experts who are knowledgeable in this important aspect of our professional services.
- (4) Dr. W. P. Munsie was appointed Installing Officer for 1970.

4. 1971

The convention and associated meetings will be held in Ottawa, September 27-October 2 - under the local chairmanship of Dr. M. Derrick. This will be the first national convention under independent sponsorship of the Canadian Dental Association and the profession hopefully will give enthusiastic support to this meeting in our national capital.

The Board wishes to point out to the convention subcommittee the desirability of having a portion of the scientific program allocated to French speaking lecturers at the 1971 meeting in Ottawa.

5. 1972

Plans are under way for the 1972 annual meeting and convention to be held in Quebec City, June 19-24.

The Board was informed that due to accommodation limitations in Quebec City

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the location and dates of the 1972 annual meeting may need to be revised.

Motion from the floor:

*That the convention in 1972 be held in Quebec City
if at all possible.*

Adopted.

HONORARY MEMBERSHIP

6. For his outstanding contributions to organized dentistry Council unanimously nominates Dr. C. Gordon Watson, Executive Director of the American Dental Association for honorary membership in the Canadian Dental Association.

Resolved:

That the Board of Governors grants Dr. C. Gordon Watson honorary membership in the Association.

Adopted.

CANADIAN DENTAL ASSOCIATION MEMBERSHIP COMMITTEE

7. An *ad hoc* committee to study types of membership, sources of revenue and long term planning has been appointed. This is an extremely important assignment and will require time and full communication with the profession before a final report can be expected. Doctors Munsie, Taylor and Bernier have agreed to act on the above committee with Dr. Munsie as chairman.

TREASURER

8. Following nine years of outstanding service as Treasurer, Dr. George Dewis submitted his resignation which council accepted with regret.
9. Subject to ratification by the Board, Dr. J. Bruce Taylor of London, Ontario has been appointed Treasurer for a three year term.
10. Revised terms of reference for Treasurer have been recommended to the Council on Constitution and By-laws, corporate members and the Board of Governors for consideration. The proposed new terms of reference are included in the report of the Council on Constitution and By-laws.

FEDERATION DENTAIRE INTERNATIONALE

11. The 57th annual session of the FDI was held in New York, October 11-17. This was a joint meeting with the American Dental Association. The theme was, "International Dentistry - Converging Paths to Better Health." 14,350 dentists from 72 countries attended. The delegates' report to council is in Appendix A.

ADA - CDA OFFICERS MEETING

12. The fourth ADA/CDA officers meeting (1969 *Trans*: 56) was held at ADA headquarters in Chicago July 21, 22, 1969. Reports were presented on subjects of mutual interest by officers of both associations. Participants benefited greatly from the free discussion that took place on many important topics of concern to the

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dental profession on this continent. The Canadian visitors are indebted to the ADA officers and trustees for their cordial and generous hospitality.

BUREAU OF ECONOMIC RESEARCH

13. During the year the Bureau received approximately 400 individual requests for statistical information about dentists and the practice of dentistry. This is a third more than in the previous year. About one quarter of the total inquiries came from federal or provincial government sources. The news media and dental organizations also made more requests than in 1968.
14. Information from the 1968 Surveys of Dental Practice and Recent Graduates are being programmed and tabulated. The costs of the data processing of the 1968 survey are about seven times what they were for the 1963 survey. In order to help defray these extra costs of the survey grant applications were submitted four different times, twice via the national public health grant mechanism and twice directly to the new national health grant. In March the Minister of National Health and Welfare informed the Association that our application had been approved. The federal government's assistance in partially subsidizing the cost of the surveys has been gratefully acknowledged.
15. The response rate of the 1968 survey fell from 44 per cent for the 1963 survey to 33 per cent despite the use of a second follow-up letter in the 1968 survey. Fortunately the representativeness of the sample is considered satisfactory and weighting by random withdrawal of questionnaires is therefore unnecessary.

The Board deplores the fact that a greater percentage of the dental profession did not see fit to answer the 1968 Dental Practice Survey Questionnaire.

BUREAU OF PUBLIC INFORMATION

16. Fluoridation continues to be a subject of major activity for the Bureau, although demands for other educational materials such as films, TV filmstrips and pamphlets are also increasing rapidly. Services in relation to fluoridation entail the collation of annual statistics obtained from the provinces, territories and armed forces, the continual updating of information kits, the compilation of special information in response to specific queries, and the production of suggested guidelines for promotional campaigns.
17. In consultation with the Council on Public Health, one new colour TV filmstrip "Close-up on Teeth" has been produced since the last annual meeting and the initial distribution included 118 prints in English and 38 in French to the television stations and networks. About 300 individual filmclips are currently in the hands of TV stations.
18. In view of the proposed new regulations governing TV advertising and public service time, announced by the Canadian Radio-Television Commission, a brief was prepared and sent in March, 1970 to the Commission protesting any restrictions on "public service time."
19. During the past year there were 200 audited bookings of eleven different dental films, made available by CDA without charge. These were shown to 415 groups and 16,247 individual viewers.

20. The Bureau has been cooperating with the Council on Public Health and the Communications Committee in updating CDA pamphlets and producing some new ones in the new format designed by Carleton Cowan Public Relations.

THE HILLENBRAND FELLOWSHIP

21. Council approved and directed that a token contribution be made to the Harold Hillenbrand Fellowship Fund established by the American Dental Association to provide selected candidates a year of study and participation in dental administration. The fellowship has been set up in honour of Dr. Hillenbrand, Executive Director emeritus of ADA.

CANADIAN EXECUTIVE SERVICES OVERSEAS

22. Further to CDA's initial cooperation with CESO (1969 *Trans*: 58) Council appointed Dr. George Burgman of Niagara Falls to a CESO survey team which spent three weeks in the fall of 1969 assessing the dental, medical and educational needs of ten British Commonwealth Caribbean islands and how best to cooperate in providing aid in each of these areas.
23. Council received an excellent survey report from Dr. Burgman and subsequently appointed a committee comprising Dr. Burgman, chairman, Dr. Abra and Dr. Bernier to work with CESO in implementing a dental aid program in the Caribbean area.

Whereas this is the first time the Canadian Dental Association has been involved in a program of this nature, and

Whereas this program may enhance the image of the dental profession in the Commonwealth Caribbean Islands,

Be it resolved that the Communications Committee give as much publicity as possible to the contribution of Canadian dentists in this respect.

Adopted.

HISTORY OF DENTISTRY (See Library report, paras. 1-3)

24. Dr. D. W. Gullett submitted his manuscript on the *History of Dentistry in Canada* to the University of Toronto Press. The press was highly complimentary of the manuscript and indicated its desire to serve as publisher. Council authorized publication on the authority of previous Board directives (1963 *Trans*: 140, 34 and 141, 35(6)). Initial financing of the publication was offered by the Library Trustees. Council gratefully accepted this financial support. It is anticipated that Dr. Gullett's book, *History of Dentistry in Canada*, will be available within the next six months.

The Board is grateful to the Library Trustees for providing the funds for this commendable project.

CDA BRIEF ON WHITE PAPER

25. Council directed CDA staff to cooperate with the Subcommittee on Taxation

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and the Association's legal tax consultant in the preparation of a brief on the Minister of Finance's White Paper on Tax Reform. After approval by Council the brief was forwarded to members of the Board of Governors, secretaries of corporate members and selected government officials and members of Parliament. It was also sent in the prescribed number of English and French copies to both Senate and House of Commons committees that were receiving briefs on the White Paper.

26. CDA representatives Spence, Brouillet, Beach, McIntosh and solicitor M. O'Brien appeared before the Senate Committee in support of the Association's brief. An opportunity to also appear before the House of Commons Committee is expected.

VOLUNTARY FEE RESTRAINT

27. The Association was invited by the federal government's Prices and Income Commission to participate in a national conference on price stability in Ottawa last February. Dr. Spence and the Executive Director represented the Association at the conference. Following a report from the Association's representatives, Council endorsed the general principle of price restraint through 1970, as one method of helping to curb inflation, and more specifically it endorsed that section of the closing statement of the conference which said, "that professional groups would be prepared to participate in a broad program of price restraint and to recommend to the provincial associations that they postpone or limit increases in existing fee schedules for professional services during 1970.
28. A memorandum was subsequently sent by your President to each corporate member, noting the action taken by council and recommending that the principle of fee restraint be favourably considered by the corporate members.

HEALTH LEAGUE OF CANADA

29. Dr. G. V. Fisk was appointed in November, 1969 as the Association's representative to the General Council of the Health League of Canada for a term of three years.

JOURNAL

30. As directed by the Board (1969 *Trans*: 82,8) this year's detailed report from the editorial department was presented to council rather than to the Board. Highlights of the report included:
- (a) In 1969, 74 per cent of the *Journal* text content was printed in English and 24 per cent in French.
 - (b) Major increases in postal rates and printing charges necessitated use of a lighter weight paper stock and a change in printer.
 - (c) On the advice of Carleton Cowan Public Relations and the approval of the Communications Committee and the Executive Council, decision was taken to publish the *Journal* in a new 8½ x 11 inch format, effective January, 1970.
 - (d) The change in format provides greater editorial flexibility and hopefully greater advertising revenue.
31. Dr. F. Compton, Editor, was congratulated by Council on winning the William J. Gies Editorial award for 1968.

The Board sincerely compliments the Editor on winning this award.

HEALTH MANPOWER CONFERENCE

32. Dr. W. J. Dunn, Chairman of the Council on Education, represented the Association at the first National Health Manpower Conference held in Ottawa in October, 1969 under joint sponsorship by the Department of National Health and Welfare and the Association of Universities and Colleges of Canada.
33. Dr. Dunn provided an extensive conference report which was referred for study to the Council on Education and the Auxiliary Services and Dental Services Committees.
34. One of the recommendations emanating from the Conference was that a National Health Council be established, composed of individuals representing the purveyors of health services, the consumers of health services and the government and with broad terms of reference.
35. At Council's direction the Executive Director wrote to the Minister of National Health and Welfare urging that if such a council was established dentistry be included as an active member.

SOLICITOR

36. Mr. Gordon D. Watson, the Association's solicitor for over twenty years, died 19 October, 1969.
37. Mr. R. E. Shibley of the Toronto firm, Shibley, Righton and McCutcheon, was selected and agreed to serve as our new solicitor.

DEPUTY EXECUTIVE DIRECTOR

38. Council is of the opinion that the Association would benefit from the services of a Deputy Executive Director. The Board of Governors was asked by mail vote to authorize the Executive Council to activate a selection committee for the purpose of nominating a Deputy Executive Director. The motion was defeated by the Board of Governors and no further action has been taken.

EDITORIAL BOARD - FOOD AND DRUG DIRECTORATE

39. Dr. Lyman Francis, Chairman of the CDA Research Council, has been appointed by the Honorable John Munro, Minister of National Health and Welfare, as dental representative to a new Editorial Advisory Board to the Food and Drug Directorate. The Board is to advise the officers of the Food and Drug Directorate on the type and scope of information to be included in a new "Drug Information Bulletin" and on the degree of acceptance of the Bulletin by the professions.

INDIAN HEARINGS

40. Dr. G. G. Orser kindly agreed to represent CDA at a public hearing on medical and dental services to Indian communities in the Maritimes. The hearings were organized by the Union of New Brunswick and Nova Scotia Indians and held in Moncton in January, 1970. Dr. Orser provided Council with an excellent report.

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There were no specific recommendations with regard to dental services for the Indian communities in the Maritimes.

TRANSACTIONS

41. In an attempt to reduce the costs of printing and distributing the annual transactions, Council agreed that a mail survey be done to determine the approximate number of dentists who wish to receive the transactions. The number of copies produced in 1970 will be based on the survey information. A less expensive method of production is also being explored.

STUDENT CONFERENCE

42. The first national CDA Student Member Conference was held at CDA headquarters in Toronto, November 20-22, 1969. The conference was organized under the supervision of the Council on Education's committee on "Student Memberships" and financed by a grant from the Canadian Fund for Dental Education. (See also Education report paras. 29-33.)
43. Four recommendations emanating from the conference were referred to the Executive Council by the Council on Education. Three received immediate action. The recommendation for student involvement in annual scientific sessions of CDA was referred to the subcommittee on conventions; that the cost of equipment purchased in the undergraduate years be considered an allowable expense in the first year of practice was covered in the CDA brief on the White Paper; that a source of revenue be found to make an annual students' conference possible is under negotiation.
44. Council however chose to leave decision respecting the fourth recommendation to the Board: "That student membership on the Board of Governors of the CDA be established; this student governor would be a non-voting member and would be invited to attend Board meetings at his own expense. He would be elected annually by and from the delegates to the Canadian Dental Students' Conference." The following resolution is therefore presented to the Board without comment from Council.

Resolved:

That student membership on the Board of Governors of the CDA be established; this student governor would be a non-voting member and would be invited to attend Board meetings at his own expense. He would be elected annually by and from the delegates to the Canadian Dental Students' Conference.

The subject of student membership on the Board of Governors is dealt with in paragraph 82 of the Executive Council's report.

GROUP TRAVEL

45. Council reconsidered and reaffirmed an earlier decision that CDA should not allow its name to be associated with group travel tours.

BY-LAWS

46. Council is concerned about the current need for deficit budgeting and therefore proposes the following resolution:

Resolved:

That the enlarged corporate member representation on the Board of Governors as outlined in revised Article V Sections 1 and 2 of the by-laws, be implemented only when sufficient additional revenue is available from the corporate members to offset the additional expenses that would be involved.

No action is recommended on the above resolution as budget and related adjustments are considered in paragraph 5 in the Executive Council's comments on the Treasurer's report.

PROFESSIONAL AND INDUSTRIAL PENSIONS LIMITED (PIPL)

47. All contractual arrangements between CDA and PIPL were terminated 1 October, 1969 (1969 *Trans*: 70). Mr. Staddon, the administrator of PIPL, claimed CDA had a financial responsibility to him dating back to the inception of the CDA retirement savings plan. After thorough investigation the Association's solicitor confirmed that CDA did have some liability, though not to the extent claimed. He advised settlement and with Council's approval proceeded to negotiate such a settlement and to obtain a signed release from Mr. Staddon. (See also Insurance report paras. 22-25.)

INSURANCE

48. The ad hoc insurance committee recommended in its report to the Board in 1969 that members of the CDA Insurance Committee be appointed as directors of Canadian Dental Service Plans Incorporated (CDSPI), the new collection agency for CDA insurance and retirement savings plans (1969 *Trans*: 65,1C).
49. With the approval of the CDA Insurance Committee the names of Dr. O. Wright and Dr. R. Rasmussen, both members of that committee, were advanced to CDSPI as the Association's nominees to the directorate of the latter organization.

INFLUENCE OF TOBACCO ON ORAL TISSUES

50. Following discussion of the brief on the above topic, prepared at Council's request by Dr. C.H.M. Williams and Dr. D. L. Anderson and submitted to the House of Commons Standing Committee on Health, Welfare and Social Affairs, (1969 *Trans*: 58,35), Council was of the opinion the Association should have a positive statement on the influence of tobacco on oral tissues and asked Drs. Williams and Anderson if they would oblige.
51. A proposed statement was prepared and is presented for consideration by the Board.

Resolved:

That exposure to tobacco of oral tissues, which are susceptible to cancer or periodontal disease, increases the probability that disease will occur and be extensive. Smoking and other usage of tobacco are not compatible with good oral health and appearance.

Adopted.

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BRITISH DENTAL ASSOCIATION

52. The BDA kindly invited the Association to send an official representative to their annual meeting in Manchester, England, in mid-July. Dr. George Beagrie of Toronto has been asked to serve as the Association's representative.

OFFICIAL REPRESENTATIVES

53. Council is pleased to inform the Board that the following official representatives will attend the 1970 annual meetings:

Dr. and Mrs. J. Deines	President-elect, American Dental Association
Mr. and Mrs. W. R. Weatherston	President, West Scotland Branch of the British Dental Association
Dr. and Mrs. Harold Hillenbrand	President-elect, Federation Dentaire Internationale
Dr. and Mrs. D. L. Kippen	President, Canadian Medical Association.

The Board is delighted to enjoy the company of these distinguished guests.

TAXATION SUBCOMMITTEE

54. The subcommittee participated in the preparation and presentation of the CDA brief on Mr. Benson's White Paper on Tax Reform. Its report to council noted that legislation has been passed in British Columbia permitting the incorporation of dental practices, and that similar legislation is likely to be proposed in Ontario. Dr. E. J. Fox of Ottawa has been appointed to the subcommittee to undertake a continuing responsibility in connection with tariffs and sales taxes on dental equipment and supplies (1969 *Trans*: 62,51).

ASSOCIATE MEMBERSHIP

55. The annual fee for associate membership is presently set at ten dollars (1969 *Trans*: 77, 22). The last increase in the annual fee, from eight dollars to ten dollars, became effective in January, 1968.
56. A subscription to the *Journal of the Canadian Dental Association* is now ten dollars per year (1969 *Trans*: 82). A *Journal* subscription is just one of the advantages of associate membership. Others include access to other CDA mailings, a membership card, eligibility for CDA-sponsored insurance programs and attendance at CDA and other national and international scientific meetings.
57. In consideration of these and related factors council proposes the following resolution.

Resolved:

Whereas the annual fee for associate membership in CDA has not been increased since January, 1968, and

Whereas the cost of providing services to associate members has increased in the interval, and

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Whereas a *Journal* subscription, one of the advantages of associate membership, is now ten dollars per annum, therefore be it

Resolved that the annual fee for associate membership in the CDA be twenty dollars beginning January 1, 1971.

Adopted.

CONVENTIONS SUBCOMMITTEE

58. The subcommittee reported that a new manual for CDA annual meetings was in an advanced stage of preparation.
59. Arrangements for the first independent CDA convention in Ottawa, September 27 - October 2, 1971, are also reported to be well in hand.
60. Effort has been made to confirm dates and locations for CDA annual meetings over the next seven-year period.
61. Following Board approval of proposed sites for CDA annual meetings over the next seven-year period (1969 *Trans*: 53,8), effort was made to have locations and dates confirmed.

Resolved:

That the Board of Governors approve the following schedule for CDA annual meetings:

1972 - Quebec City	- June 19-24
1973 - Vancouver	- September 27-October 3
1974 - Windsor	- September 30-October 5
1975 - Atlantic Provinces	- September 29-October 4 - unconfirmed
1976 - Alberta	- September 13-18 - unconfirmed
1977 - Toronto (FDI Meeting).	

Adopted.

Comment: That the conventions subcommittee take cognizance of the meeting dates of Sections and provincial organizations when determining dates of national conventions.

62. The subcommittee recommended that its membership be augmented by a fourth member who would be French speaking and from the province of Quebec. Council directed that Dr. Gustave Lachance of Quebec City be invited to become a member of the convention subcommittee for a term of three years.

COMMUNICATIONS COMMITTEE

63. The Communications Committee held four meetings during the past year.

JOURNAL

64. Since January, 1970 the *Journal* has been published in the new 8½ by 11 inch format. This permits improved editorial layout, and enables advertisers to use the same material in the CDA *Journal* as they use in major American dental publications.

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65. Recent issues of the *Journal* have included a wider range of general news material. Several new features have been added, notably the "Executive Director's Page" and the "Dialogue" section.
66. Since January, Southam Murray have printed the *Journal*. Their service has been very satisfactory except for the April issue which was delayed by a labour dispute at the plant and further slowed "work to rule" practices in the Toronto postal division.
67. The editorial staff, the advertising manager and the printer have done everything within their power to shorten the lead time between composition of editorial text and delivery of the *Journal*. A major inhibiting factor is the lack of a qualified news editor, as recommended by Carleton Cowan. There is pressing need for such a person if the *Journal* is to realize its potential with resultant benefits to the CDA.
68. New 43 per cent higher advertising rates went into effect May 1. The new rates are being applied as existing contracts expire, but their full effect will not be felt until 1971. Some cancellations of advertising have been suffered owing to the rate increase and general economic conditions. In spite of this, advertising revenue in the first three months was 15 per cent higher than in 1969. But print, postage and engraving costs were also higher. Postage alone was 736 per cent higher than during the corresponding period last year. To offset these effects efforts are being made to solicit advertising of a wider range of products and services.

ADVERTISING STANDARDS

69. The committee recommended, and council endorsed, amendments to the Association's 1961 Advertising Standards.

Resolved:

That the Association's Advertising Standards as detailed in Appendix B be approved.

Adopted.

REPRINT POLICY

70. A definite policy is necessary to protect authors and the Association against misuse or exploitation of reprints from the *Journal*. Such a policy is proposed in Appendix C.

Resolved:

That the "Reprint Policy - Journal of the Canadian Dental Association" as detailed in Appendix C be approved.

Adopted.

PAMPHLETS

71. CDA pamphlets are being revised and changed over to the colourful new "family format." Six pamphlets in the patient education series have already been

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adapted; others will follow. Recruitment pamphlets are undergoing similar adaptation. The Ontario Dental Association has transferred its pamphlet production and distribution service to the CDA, and ODA pamphlets will be integrated with those of the CDA when they are reprinted.

The Board commends the ODA and CDA on this spirit of cooperation.

72. A new pamphlet rack has been designed to display CDA pamphlets and is now being distributed.
73. An attractive blazer crest bearing the Canadian symbol of dentistry has also been made available to CDA members.

PUBLIC NEWS MEDIA

74. In cooperation with the Council on Public Health, the Bureau of Public Information commenced distribution of a newspaper column to more than one hundred weekly newspapers with a readership audience of close to one million.
75. The Communications Committee endorsed a proposal from the Council on Public Health to the effect that a professional writer be engaged to prepare and distribute articles on dentistry for a syndicated newspaper column to daily newspapers. Although sympathetic to the proposal, the Executive Council could not support it at the present time due to budgetary restrictions (see Executive comments on the Treasurer's report).

The Board deplores the fact that the Executive Council found it necessary, as a result of insufficient funds, to not implement this service which should rate high in our service priorities.

76. The committee recommended, and the Executive Council endorsed (February 23-26, 1970) "that the Association be at liberty to take a public stand on issues that do not conflict with the Association's policies or fall primarily under provincial jurisdiction, and that the Executive Director and the President be the Association's principal spokesmen, and that they be empowered to invite participation by other experts whenever circumstances so dictate." Under this authority, the Association has issued press releases on such topics as the twenty-fifth anniversary of fluoridation, the CDA brief on tax reform proposals, price and wage restraint, and the Winnipeg national convention. Association spokesmen have also appeared on television interview shows.
77. The Canadian Radio-Television Commission has reassured groups like the Canadian Dental Association that they won't be deprived of airing free public service announcements in prime-time TV. Several of the groups, including CDA, had presented briefs to the CRTR which expressed fears that a proposed 12-minute limit on TV commercials in the prime-time hours would mean elimination of public service announcements donated free by stations and networks. The CDA told the Commission it had a substantial investment in its 26 educational TV film clips. The cost of English and French versions of the latest film clip, *Close-up on Teeth*, was in the neighborhood of \$6,715.
78. The committee agreed to discontinue the production of further TV film clips this year. Instead it voted to endorse a resolution on a film on dentistry for high school students passed by the Council on Public Health on March 16.

CONVENTIONS

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79. Carleton Cowan are participating in several aspects of the Winnipeg (1970) and Ottawa (1971) national conventions. They have prepared and mailed a pre-convention news release and have developed a convention press kit. They will produce daily convention press releases, co-ordinate TV and radio interviews, and publish a bulletin on the first day of the convention to inform delegates on what transpired at the Board meeting. Carleton Cowan have also worked with staff to design and execute the CDA display stand at the convention centre.

HEALTH INFORMATION SYSTEMS

80. Health Informations Systems Inc. has offered to produce and distribute, under CDA sponsorship, a continuing education program utilizing audio tape cassettes and a visual component. The program is offered to CDA members on a subscription basis. The offer includes three basic subscription series, each issued monthly:
- (1) *Dentistry in the Seventies* - 300 taped illustrated clinical lectures in 13 categories;
 - (2) *Dental Abstracts in Sound* - an audio version of the American Dental Association publication "Dental Abstracts";
 - (3) *CDA Newscassette* - a monthly news program on tape. Two additional series will be available on special issue;
 - (4) *Understanding Dentistry* - an illustrated health education program for patients;
 - (5) *Dental Monitor* - a report from major dental meetings.

The CDA would have the opportunity to review all material of Canadian origin for processing in final form. HIS would assume responsibility for production, promotion and distribution of the program. HIS would pay the CDA a percentage of the gross sales received from material sold to CDA members - ten per cent in the case of items derived from the CDA itself; two per cent in the case of all other material. An annual minimum guaranteed royalty of \$1,500 would be paid to the CDA during each year of the term of an agreement with HIS.

Resolved:

- (1) That the HIS proposal be investigated further and, if legally acceptable, and not impractical due to Canadian Customs and Sales Tax regulations, be tried for a three year period using *Dentistry of the Seventies*, *Dental Abstracts in Sound* and *Understanding Dentistry* initially, and the other two services be included only when additional CDA staff could make this service feasible, and
- (2) That in the further investigation the desirability of tapes being made available in the French language be strongly pursued.

Adopted.

NATIONAL PUBLIC RELATIONS PLAN

81. Carleton Cowan have prepared a national public relations plan for the dental profession - Appendix D. The plan was developed in consultation with the Council on Public Health, the Communications Committee and CDA staff.

Resolved:

That the National Public Relations Plan, as detailed in Appendix D

be adopted.

Adopted.

STUDENT MEMBER OF BOARD OF GOVERNORS
(see also paragraph 44)

82. Council reconsidered the desirability of having CDA student member representation at sessions of the Board of Governors and now recommends Board approval of the following resolution.

Resolved:

That student representation on the Board of Governors be established, and that this representative be a non-voting member, attend Board meetings at no expense to the Association, and be elected annually by and from the delegates to the Canadian Dental Students' Conference.

Adopted.

UNIVERSAL IDENTIFICATION NUMBER

83. The Canadian Public Health Association, for reasons of expanding the scope of epidemiological research, facilitating medical record linkage and improving portability of medical care insurance schemes, is proposing to federal and provincial governments that they collaborate in assigning a universal identification number such as the Social Insurance Number to each newborn child at the time of birth registration and to each landed immigrant at the time this status is granted. CDA has been asked by the Public Health Association if it agrees with the idea of a universal identification number for use in medical records and if so, to lend it support. The Dental Services Committee has endorsed the principle (Dental Services Committee report paragraph 12).

Resolved:

That CDA endorses the stated recommendations of CPHA dealing with universal identification for each newborn child at the time of birth and to each landed immigrant at the time this status is granted, and is prepared to collaborate in obtaining such identification for use in medical and dental records.

Adopted.

SCITEC

84. A new national organization whose aim is to be an influential voice for the entire Canadian scientific-technological-engineering community in efforts to improve the quality of life of Canadians, has been established. The membership includes representatives of science, medicine, dentistry, engineering, the social sciences and technology from both English and French Canada. The organization is named SCITEC, a contraction of science and technology. It currently has some sixty national organizations as participating members representing about 150,000 individuals.
85. Two organizational conferences have been held in Ottawa at which CDA was

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represented by Dr. W. J. Spence and the Executive Director. CDA has been invited to have a seat on SCITEC's 29-member council and the Executive Director has been appointed to this position for a three year term. The council has also met twice.

86. As one of the "founding organizations" CDA was asked for a one-time founding grant. The financial structure of the organization has not as yet been finalized, although it is expected that participating associations will have some continuing responsibility. On behalf of the Association, council authorized a founding grant of three hundred dollars and took the position that any further grants would be matters for future consideration reviewed in the light of SCITEC's accomplishments.

INFLUENCE OF TOBACCO ON ORAL TISSUES

(see also paragraphs 50 and 51)

87. A communication dated 7 May, 1970 from Dr. H. N. Colburn, Medical Consultant, Smoking and Health Program, Health Services Branch, Department of National Health and Welfare, invited CDA to become a member of a national coordinating group of health disciplines to work together to discourage smoking and particularly to lend its name in support of a 60-second television clip which attempts to inform the viewers of the hazards of smoking.
88. The film clip will be a National Film Board production, narrated by Mr. Percy Saltzman and will carry the names of sponsors including the Canadian TB and Respiratory Association, the Canadian Heart Foundation, Canadian Medical Association, Canadian Nurses Association, Canadian Cancer Society.
89. Council endorsed and recommends the following resolution for Board approval.

Resolved:

That the Executive Director thank Dr. Colburn for inviting the Association to membership in the National Coordinating Group on Smoking and Health, and inform him that the Association wishes to be a member of this group and to have the name of the Association associated with the television clip.

Adopted.

CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

90. In June 1970 an application for recognition of dental public health as a "specialty" was received from the Canadian Society of Public Health Dentists. Decision was taken to refer the application to the Council on Education for consideration and recommendation, following the lifting of the present moratoria on recognition of additional specialties and Sections (1969 *Trans*: 135, 5).

CDA MEMBERSHIP

(see also paragraph 7)

91. The *ad hoc* committee referred to in paragraph 7 presented council with observations and comments relative to its study of various possibilities with respect to membership in the Association.

92. With the aid of comments made by the *ad hoc* committee, Council prepared and approved a "Declaration of Principles for Voluntary Membership" which is herewith submitted to the Board along with a proposed resolution for follow-up action.

CDA MEMBERSHIP - DECLARATION OF
PRINCIPLES FOR VOLUNTARY MEMBERSHIP

- (a) The organizational structure of CDA now accentuates corporate membership and de-emphasizes individual membership. For example, CDA works in most instances through its corporate members rather than directly with individual members. Since the corporate members are autonomous bodies, it is often difficult, if not impossible, to have them agree on a certain issue. The result is schism within our own profession which interferes with our professional activities and makes the profession extremely susceptible to outside pressures.
- (b) It is suggested that if the membership emphasis could be changed from the corporate to the voluntary individual the nature and effectiveness of the Association could be strengthened significantly. The Association would then be mainly responsible to individual dentists who were interested in the organizational affairs of their profession and who were prepared to make certain contributions to it in order to gain the benefits to be derived.
- (c) Considerable attention is now being given by the dental profession in at least one province to the possibility of separating the licence fee from dues for membership in the provincial and national associations. Should this come about membership in the provincial and national associations would become purely voluntary and provided it was a joint membership between national, provincial and local organizations in such cases as the latter exists, would tend to strengthen dentistry's organizational structure at all levels of activity.
- (d) If membership was not set up jointly and individual dentists could belong to any one of the organizations without belonging to all three, a competitive environment between the three groups would be established - each would suffer in terms of membership and services they could provide and there would be little chance of cooperation between the three groups.
- (e) The Executive Council therefore supports the principle of voluntary individual conjoint membership in the local (when such exist) provincial and national associations.

Resolved:

Whereas some corporate members may by choice or otherwise soon decide to separate the licence fee and dues for membership in the provincial and national associations, and

Whereas CDA by-laws should cover such an eventuality if and when it occurs,

Therefore be it resolved:

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- (1) That the Board of Governors approves the principle of voluntary individual conjoint membership in the local dental society (when such exists), the provincial corporate member, and the CDA, and
- (2) That the corporate members be invited to also approve the principle of conjoint voluntary individual membership, and
*
- (3) That the Constitution and By-laws Committee be asked to draft a by-law amendment for presentation at the next Board meeting which would create the required by-law flexibility to accommodate both corporate and individual memberships as they now exist and as envisaged on a conjoint voluntary membership basis.

*Adopted
Unanimously.*

CDA HEADQUARTERS

93. Council has discussed the feasibility of increasing the present headquarters facility and of relocating it either in Toronto or in the national capital. The Headquarters Property Committee has examined and reported on some of the related cost factors. This information has been supplied to the corporate members by your President along with a request for provincial reaction to moving the headquarters to Ottawa.

Resolved:

Whereas several corporate and individual members have indicated support for the idea that CDA headquarters should be moved to Ottawa, and

Whereas such a move would be a major undertaking for the Association, and

Whereas the advantages and disadvantages to such a move, or alternatives to it, have not as yet been exhaustively explored,

Therefore be it resolved

- (1) That an *ad hoc* committee of three be appointed by the Executive Council to undertake an in-depth feasibility study on the advantages and disadvantages of having CDA headquarters located in Ottawa, and
- (2) That the committee consider but not necessarily confine its attention to:
 - (a) value of geographic proximity to the federal government and its agencies;
 - (b) financial implications of a move;
 - (c) differences in CDA operational costs between Toronto and Ottawa, e.g. committee meetings;
 - (d) renting, building, purchasing or lease-back arrangements for office space;

*See also Insurance Committee Report
paragraph 19.

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- (e) disposal of Toronto property;
- (f) observations of other national associations recently located in Ottawa, e.g. Canadian Medical Association;
- (g) CDA headquarters in Ottawa versus an experienced representative in Ottawa specifically assigned the duty of representing CDA's interests;
- (h) problems related to *Journal* production in Ottawa - printing advertising etc ;
- (i) re-allocation of staff time should CDA headquarters be located in Ottawa ;
- (j) all of the above to be considered in the light of possible change to voluntary membership in some of the provinces;
- (k) potential loss of key personnel due to relocation;

and

- (3) That the committee report its findings and recommendations to the Executive Council in time for Council to consider the report and make appropriate comments on it to the 1971 annual meeting of the Board of Governors.

Adopted.

CANADIAN FUND FOR DENTAL EDUCATION

- 94. CFDE has requested the Association's reaction to a proposal that the Fund provide financial assistance by way of scholarships to enable native Canadians (Indians, those of Indian descent, and Eskimos) to enter dental school and become dentists.
- 95. Council gave enthusiastic endorsement to the proposal and recommends that the Board also approve the principle of assisting these less advantaged groups.

Resolved:

That the Board of Governors endorse the principle of assisting native Canadian students (Indians, those of Indian descent, and Eskimos) to become dentists and encourage CFDE to thoroughly explore, and if found feasible, implement such an assistance program.

Adopted.

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FEDERATION DENTAIRE INTERNATIONALE -- HIGHLIGHTS OF THE 57TH ANNUAL SESSION,
NEW YORK, 11-17 OCTOBER, 1969

VENUE

The 57th Annual Session of FDI was a joint session with the American Dental Association. The theme was, "International Dentistry - Converging Paths to Better Health." Dr. W. Stewart Ross, President FDI and Dr. H. A. McGuirl, President ADA officiated.

ATTENDANCE

14,350 dentists from 72 countries attended the meetings. Dental auxiliaries, exhibitors and guests brought the total attendance to 29,896. 2,533 dentists were from abroad.

DELEGATES

CDA's official delegates to the FDI business sessions were
President H. R. MacLean
G. Ratte
W. G. McIntosh, and
R. Connor, alternate.

SCIENTIFIC PROGRAM

Symposia and conferences topics included: Fluoridation and Preventive Dentistry, Forensic Dentistry, Deep Carious Lesions, Dentofacial Anomalies, Laser Application in Dentistry, Dental Education, Financing Dental Care Services, Tissue Reaction and New Materials. In addition there were more than 1,000 essays, clinical lectures, table clinics and scientific motion pictures covering all aspects of dentistry.

DENTAL TRADE SHOW

Over 300 exhibitors had booths in the New York Coliseum which was the focal point of both the scientific meetings and trade shows. The U.S. Department of Health, Education and Welfare also exhibited dental health education posters and video films.

SOCIAL EVENTS

Numerous social events were held throughout the week. They included a presidential luncheon honouring presidents Stewart Ross and McGuirl, two international luncheons with a joint attendance of 1700, a reception and ball honouring Dr. H. Hillenbrand, retiring Executive Director of ADA, and Mrs. Hillenbrand, and a buffet and dance for FDI supporting members.

MILITARY CONFERENCE

The theme for the New York conference was, "Possibilities for and the Application of Dental Research in Armed Forces." Brig.Gen. B.P. Kearney, Director General of Dental Services, Canadian Forces, participated in the conference.

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The subject to be considered at the 1970 meeting in Bucharest will be "The extent to which modern concepts of restorative dentistry can be applied in military dental practice."

ACTION OF FDI GENERAL ASSEMBLY

- (1) Dr. J. Stork of the Netherlands was installed as president for a term of two years.
- (2) Dr. H. Hillenbrand, U.S.A., was elected president-elect.
- (3) Professor A. Sheinin, Finland, replaces Dr. Freihofer, Switzerland, as speaker.
- (4) Dental associations from Ecuador, Nicaragua, and Russia were admitted to regular membership.
- (5) A new formula for establishing subscriptions payable by regular member associations was approved. It is based on both individual membership and the individual countries' per capita income. Under the new formula CDA's annual subscription for 1970, 1971 and 1972 will be 2,999 U.S. dollars. The formula will be recalculated every third year.
- (6) An international symbol for dentistry was proposed. This symbol is very similar to the one adopted by CDA in 1968 except that it contains leaves and berries representative of the dentitions.
- (7) Amended its definition of dentistry to:

"The science and art of preventing, diagnosing and treating diseases and malformations of and injuries to the teeth, jaws and mouth and of replacing lost teeth and associated tissues."

FUTURE MEETINGS

- | | |
|-----------------------------|---------------------|
| 1970 - Bucharest, Romania | - 26 Sept. - 1 Oct. |
| 1971 - Munich, Germany | - 16-22 June |
| 1972 - Mexico City, Mexico, | |
| World Dental Congress- | 22-27 Oct. |
| 1973 - Sydney, Australia | - August |

APPENDIX B

ADVERTISING STANDARDS CANADIAN DENTAL ASSOCIATION

- (1) Claims shall not be deceptive or misleading.
- (2) Claims made for superiority shall be based on adequate evidence acceptable to the Canadian Dental Association.
- (3) Unfair comparisons to discourage a competitor's product or service, as to

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price or quality, shall not appear in the content.

- (4) Excerpts from published papers shall not distort the meaning intended by the author.
- (5) In general all advertising shall be in keeping with professional ethics and not violate any governmental regulation or statute.
- (6) The advertising, exhibit or promotion shall not include claims of a type which have received unfavourable judgment from a court of law, the Food and Drug Directorate, or other governmental agency.
- (7) The advertising, exhibit or promotion shall not state or imply that a dentist or physician has a proprietary interest in the product or service, except that this restriction shall not apply to textbooks produced for professional purposes.
- (8) The advertising, exhibit or promotional material shall not contain exaggerated claims, superlative words or phrases which mislead or are untrue or any material which violates the principles of good taste of the public or of the profession.
- (9) When advertising, exhibits or promotion related to dental products or services are used in other media, they should be consistent with the spirit of these standards.

APPENDIX C

REPRINT POLICY - JOURNAL OF THE CANADIAN DENTAL ASSOCIATION

The Canadian Dental Association exercises complete control over the content of its *Journal*. This control covers the reprinting or reproduction by any method, of any editorial material printed in the CDA *Journal*.

The editor shall review all requests for reprints. The following policy serves as a guide in handling requests for reprints.

1. REQUESTS FROM AUTHORS

Requests from authors shall receive special consideration. An author may purchase a maximum of 500 reprints without question for his personal use.

Approval of a larger order for reprints for the author's professional use - such as research or teaching - will be based on his purpose for requesting the reprints and his proposed manner of distributing them. The number of reprints permitted for this purpose will depend on how they are to be used.

Authors should be alert to the possibility of violating the *Code of Ethics* of the Canadian Dental Association, particularly Sections 11 and 15:

Section 11. LENDING OF NAME. A dentist does not lend his name or written testimonial whether for reward or not, to any medical, surgical or dental appliances or apparatus or

any drug or medicinal or dental preparation of material which is sold or given to the public.

Section 15. ADVERTISING. All direct or indirect uses of publicity, advertising and solicitation are unethical.

2. REQUESTS FROM INDIVIDUALS OTHER THAN AUTHOR

A request for limited copies from an individual other than the author shall be directed to the author. If the reprints are to be used for research or teaching purposes, requests for a larger quantity shall be honoured subject to the author's permission.

3. REQUESTS FROM ALLIED HEALTH PROFESSIONS OR TEACHING INSTITUTIONS

Subject to the author's permission, requests from medical or other allied health groups, dental and medical schools, recognized scientific organizations or approved institutions of learning shall be honoured when the reprints are to be used for educational or research purposes.

4. REQUESTS FROM COMMERCIAL (BUSINESS) CONCERNS

Subject to the author's permission requests from commercial concerns shall be honoured under the following conditions: (1) The reprints must not be used for indiscriminate sales promotion as this might place the author in violation of the CDA *Code of Ethics*. (2) The reprints may be used for internal distribution (for the information of the sales and research personnel). (3) The reprints may be used for external distribution (to facilitate replies to legitimate requests for information from the profession). The editor shall review the request to ascertain that the distribution of reprints will in no way violate the *Code of Ethics* of the Canadian Dental Association.

5. RULES RELATING TO USE OF REPRINTS

Recipients of reprints are expected to adhere to the following rules relating to the use of reprints:

- a. Reprints may not be altered in any manner.
- b. No writing or printing of any nature can be placed on any page of the reprinted article or its cover.
- c. No reprints may be sold or made available to any individual or organization for redistribution without the consent of the author and publisher.
- d. No reprint may be reproduced in any manner or by any means in full or in part except by the publisher or with the written consent of the publisher.
- e. The publisher, or the representative of the publisher, reserves the right to reject any request for reprints if he feels they are to be used in violation of the established reprint policy or the *Code of Ethics* of the Canadian Dental Association.

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NATIONAL PUBLIC RELATIONS PROGRAM
DEVELOPED FOR THE CANADIAN DENTAL
ASSOCIATION BY CARLETON COWAN
PUBLIC RELATIONS LIMITED

OBJECTIVE

To supplement the existing intraprofessional communications activity of the Canadian Dental Association by extending to publics beyond the dental profession a national public relations program to:

- (a) enhance public understanding and appreciation of the services provided by members of the dental profession, both individually and collectively,
- (b) better acquaint the public with the dentists' views on matters affecting the profession, including matters of economic, medical, and governmental nature,
- (c) encourage dentists to take a more active role as professional citizens of the community.

EXPLANATION

The purpose of public relations is fundamentally to enhance the stature or image of an individual or group, in order to more readily secure solutions to particular problems.

Public relations is limited in that it can only tell the situation as it is. Many members of the public regard the practice of dentistry as solely a commercial endeavour. There is then some tendency, particularly among news media personnel, to regard promotion of "dental health education" as somewhat self-serving. These people regard such efforts as a form of advertising, encouraging citizens to spend more money on dental care.

TECHNIQUE

It is essential therefore that the main thrust of such activities be directed toward the preventive element - that proper dental attention means less troublesome and less costly dental care in the long run.

As an adjunct, it is also essential that dentists demonstrate their interest and concern in the national welfare by contributing - on an organized basis - time, effort and money to useful activities outside the realm of dentistry, thus clearly demonstrating good citizenship in the noblest sense.

ANALYSIS

An essential of the program is that it be applied by the dental profession as a whole throughout Canada, in both English and French languages. The program should be available to the profession at all levels - nationally, provincially and locally - and used by all dental organizations.

Such a program is not only potentially more effective, but will reflect favourably on the Canadian Dental Association from an intraprofessional point of view.

The two chief targets to be reached through such a program are:

- (a) news media,
- (b) Government - agencies and parliamentarians.

The dental profession has been traditionally neglected in the news media as a constructive force for enhancement of social and health standards. There is no evidence that this is due to any built-in antipathy toward the profession. Rather, it is rare that developments within the profession lend themselves to the "popular" demands of the press. Scientific and clinical speeches cannot be reported because average readers will neither understand nor be interested in such material.

As an indication, the convention of the Ontario Dental Association, held in Toronto in May, 1970, received little coverage of this type of event. There were reports of speeches on topics of general public interest, including a talk about marijuana. In addition, Toronto's two evening newspapers - *The Star* and *The Telegram* - took the occasion to do major "feature" stories about dentistry. *The Star's* story emphasized a "shortage" of dental care in Ontario, tending to place the responsibility on dentists for the fact that "the dental health of a majority of the people of Ontario is being neglected." *The Telegram* chose a somewhat frivolous, human interest approach, leaning heavily on the cliché that a visit to a dentist must be a "painful experience." However, *The Telegram* also published a reasonably objective account of orthodontics.

It is recommended that efforts be made to broaden the scope of speech topics at dental conventions. This would be aimed at associating dentistry with other subjects of major public concern. Luncheon speakers, for example, could speak on how tobacco is related to oral cancer. Other subjects of mutual concern to dentists and the public, such as taxes and welfare, could be included.

The Canadian Fund for Dental Education is an important project and efforts should be made to secure wider recognition of this function. Accordingly, a press representative was invited to participate in a forum at CDA headquarters in May, 1970, in review of CFDE activities and the dental profession in general.

The dental profession should also be alert to opportunities to achieve a public impact in matters which are particularly relevant to this field of health care. Many avenues can be taken; for example, the subject of carbohydrates and their deleterious effect on teeth. Scientific comparisons can be made of the various kinds of carbohydrates, with the CDA expressing strongly its existing policies on the subject. Another example is the relationship of smoking to oral cancer.

Another form of public contact through the news media comes by issuing press releases about articles in the *CDA Journal*, but this must be restricted to articles which have general public interest.

In respect to government contact, no opportunity should be lost to make contact with government departments, agencies, and parliamentarians. Recent examples include the CDA's Brief on the White Paper, presented to committees of both the Senate and the House of Commons, and a presentation made to the Canadian Radio and Television Commission. The latter, along with presentations from other non-profit bodies, resulted in the CRTC making a public guarantee that TV stations would be required to continue to broadcast public service announcements, including CDA filmettes.

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The following tools could be utilized:

- (a) Development of a press kit which would be provided to all dental groups and interested individuals covering such topics as:
 - news media relations (how best to develop news publicity; how *not* to handle the media; etc.)
 - how to develop interview opportunities (an inventory of all radio and TV public information interview programs with names of producers, etc.)
 - circumstances under which local societies may expect to be asked for press comment
 - how to publicize a meeting.
- (b) Organization of a speakers bureau as an arm of the Bureau of Public Information of the CDA. The role of this bureau would be to:
 - develop and catalogue subjects and ideas for speaking opportunities, communicating same to dentists nationally
 - arrange speaking and interview dates
 - develop resource material - topics for discussion, facts, etc.
 - prepare basic drafts of speeches on a variety of topics which would be furnished to dentists
 - utilize dentists' capabilities for scientific and intraprofessional speeches.
- (c) Syndication of national newspaper columns to daily and weekly newspapers along the following schedule:
 - a weekly column for weekly papers, "Dental Topics," which is now in existence
 - a weekly column for daily papers which should be organized for distribution in the fall of 1970, and in respect to which initial steps already have been taken.
- (d) Production of a pamphlet - "Your Dentist and You" - which would be available for public distribution. This would accurately place in focus the role of a dentist in the community, the extensive educational background he requires, the continuing effort to remain abreast of all scientific developments, and the achievements and benefits of dentistry to the individual citizen.
- (e) Observance of National Dental Health Week. Despite the mixed feeling of many CDA members and officials toward this "Week," the fact remains that it is promoted by the American Dental Association, there is some spill-over into Canada, and this should be taken advantage of, even though it must be

recognized that the benefits are somewhat limited and therefore it would not be practical to consider this element as a primary public relations program.

- (f) Formulation of an awards program whereby the dental profession, working through the Canadian Dental Association and provincial associations, would render annual recognition to young Canadians for significant achievement in an important scientific endeavour.

It is recommended that this project be undertaken because of the scientific emphasis which is complementary to the aims and purposes of the dental profession in general and its various societies, including the Canadian Dental Association, and because such activities, involving the broad areas of research and development among gifted young people, are chronically underfunded in Canada.

While such a program could be initiated in any one of several ways, a readily available vehicle would be the annual Science Fairs held throughout Canada under auspices of the Youth Science Foundation, which culminate in a Canada-Wide Science Fair. (In addition, Canadians are also eligible to go on to the International Science Fair held in the United States.)

The Canadian Dental Association now sponsors two \$100 prizes at the Canada Science Fair and it is recommended that this program be expanded. This could be done by increasing the awards on the national level, and seeking agreement with provincial and local groups to render support at their levels.

As an example of the need for support on the provincial or local level, the Toronto Junior Board of Trade sponsors the Metro Science Fair, but has been unable to secure scholarships or prizes from Canadian government agencies. However, some prizes were put up in Toronto by US government agencies!

At the ninth annual Canada Science Fair held at McMaster University, Hamilton, Ontario in May 1970, the chief prize was a \$2,500 scholarship sponsored by the University. Other major prizes included four trips to the world headquarters of Philips Electronics Ltd. in The Netherlands, and two expense-paid trips to a summer science course in Europe.

There were 91 finalists in the 1970 fair, chosen from 3,700 winners of regional fairs across the country who in turn were picked from an original total of between 10,000 and 12,000 students involved in local and school science fairs. This indicates the breadth of the activity, the obvious need for support and the opportunity inherent in this field for the dental profession to become deeply involved, with resultant favourable publicity and satisfaction of achievement.

It is therefore recommended that the dental profession seek to become a major supporter - or the major supporter - of Science Fair activities throughout Canada when the Association decides it is economically feasible.

At present, the CDA supports these activities on a national level with two awards of \$100. The various dental organizations could help finance the expansion of this support, which could take the form of cash prizes, scholarships, bursaries or expense-paid educational trips.

It should be stressed that not more than 50 per cent of this budget should

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originate from the Canadian Dental Association, with the balance coming from corporate members, local societies or individual dentists. In this respect, it should be observed that the program would provide an excellent opportunity for individual dentists to become involved at the local level, in their own communities, in support of this activity.

- (g) Film program, utilizing existing films for television and public use now in the CDA library.

Every encouragement should be given to creation of original films, such as the film undertaken by dental students of the University of Toronto, providing technical supervision is assured.

- (h) There will be increasing opportunities for the dental profession in the area of cable television. With the number of cable homes increasing rapidly in all parts of Canada, the cable companies will be required to produce special interest, independent programming to supplement the commercial channels being carried.

Preliminary discussions have been held with Rogers Cable TV. They would be prepared to produce a weekly program featuring a dentist, which would be made available to all cable groups in Canada.

Carleton Cowan will develop a detailed program proposal for this purpose if this has the approval in principle of CDA.

CONCLUSION

A combination of these activities will ensure the opportunity for the Canadian Dental Association to present a more effective, active and favourable image to the media, government and public-at-large, in a manner entirely consistent with the primary concern for improved intraprofessional communication between CDA and its members.

In respect to the organization of a public relations conference, it is recommended that a program such as that above should be in operation one year before such a conference is staged.

HEADQUARTERS PROPERTY

MEMBERS: J. Kreutzer, Chairman, Toronto; R. A. Clappison, Toronto; P. G. Anderson, Toronto.

R E P O R T

1. The Headquarters Property Committee held several meetings during the year the highlights of which follow.

INSPECTION OF PREMISES

2. The committee made detailed inspections of the building early in the year and at the completion of the major alterations noted below.

REPAIRS AND MAINTENANCE - 1969

3. The committee noted that the exterior of the building had been scraped and painted satisfactorily, that an alarm device has been installed on the south door to ring on the top floor when the door is opened, and that each of the several minor authorized repairs had been carried out.

AIR CONDITIONING

4. Two portable air conditioning units were purchased for experimental use in the second floor offices. These were found very helpful, and the committee recommends that an additional four portable units be purchased for the second floor, and one for the fourth floor apartment, as recommended by our air conditioning contractors.

ALTERATIONS TO THE THIRD AND FOURTH FLOORS

5. Alterations to the third and fourth floors to alleviate the hitherto crowded working conditions in that area and to create a small amount of additional office space were completed. These included moving the editorial layout table to the fourth floor, erecting partitions and installing anti-noise carpeting on the third floor, and painting, lighting and ceiling repairs on the fourth floor. The work will be completed by the convention date with the installation of a dormer type portal in the wall of the fourth floor room to permit air conditioning, and the purchase of a portable unit to perform this function. The alterations have succeeded in attractively augmenting the available office space at headquarters.

The first five items of the report are informative. In view of the consideration being given to the possibility of changes in headquarters' location the committee chairman gave his assurances that all the reported alterations in existing property were essential for the efficient discharge of current Association business.

FEASIBILITY OF MOVING HEADQUARTERS TO OTTAWA

6. At the direction of the Executive Council, the committee conducted a preliminary investigation into the feasibility of moving headquarters to Ottawa. To this

HEADQUARTERS PROPERTY

end, the National Capital Commission in Ottawa was contacted to locate available land sites and the chairman and the CDA Executive Director, Dr. W. G. McIntosh, visited Ottawa and discussed the various considerations with NCC officials. They visited two sites, one of which was considerably more attractive and located immediately adjacent to that occupied by the new CMA building.

7. The committee has data relating to estimated land and building costs, service factors, and NCC requirements on file at headquarters as well as maps of the area and scaled drawings of the land site, available for inspection.
8. W. H. Bosley Real Estate Limited was asked to update their market evaluation of the CDA headquarters property of 1966, and to provide such information as they could re costs and considerations of such a move. Their new report states in summary that the Association owns real estate worth \$225,000 which in effect costs \$46,000 per annum to occupy and operate or \$4.53 per square foot of net rentable space including basement storage and fourth floor apartment.
9. Bosley also secured, at committee request, the cost of a comparable space in suburban Toronto. In summary we are told that we could secure sufficient space, 10,000 square feet, at an approximate cost of \$57,000 per annum less estimated earnings of \$22,000 annually from the sale of 234 St. George Street, i.e. about \$3.47 per square foot. Current cost trends indicate that this last amount would be subject to an annual increase of about seven per cent. This example is in the Don Valley Parkway and Highway 401 area.

All the information obtained in the committee's examination of this project has been presented to the Executive Council. Pertinent recommendations will emanate from the Executive Council's report.

This committee is commended for its conscientious discharge of its mundane but essential duties.

HOSPITAL SERVICES

MEMBERS: P. T. Smylski, Chairman, Toronto; K. C. Bentley, Montreal; L. J. Frost, Ottawa; A. J. Harris, London; G. K. Hurd, Kitchener; H. S. Jamieson, Moosomin; J. A. Pedler, Toronto; A. E. Swanson, Vancouver.

R E P O R T

1. The Hospital Services Committee met at headquarters October 28-29, 1969. Dr. H. O. Bradley, Executive Director of the Canadian Council on Hospital Accreditation attended part of the meeting and discussed the philosophy and purposes of the council and its approach to accreditation of hospitals.

REASSESSMENT OF HOSPITAL DENTAL SERVICES (1969 *Trans.* 79,4)

2. Sixteen Canadian hospitals have applied for reassessment and approval of their dental service.
3. With the assistance of provincial hospital services committees, on-site inspections were undertaken. This was a new activity for the committee and much valuable experience has been gained as a result of the first effort. The inspections were performed by several dentists who received no remuneration other than out-of-pocket expenses.
4. The committee found the following documents most helpful in its study and implementation of a new assessment program for hospital dental services.
 - (1) CDA's - *Guidelines for Dental Services in Hospitals*
 - (2) CCHA's - *The Accreditation Guide Book*
 - (3) CCHA's - *Standards of Accreditation of Canadian Hospitals*
 - (4) CCHA's - *Medical Staff By-Laws 1967*
 - (5) CCHA's - *Hospital Survey Report 1964.*
5. A survey report form was prepared on which were listed appropriate comments emanating from the application form filled out by the hospitals and used as a guide by the inspectors. This form when completed also indicated the status given to the dental service by the committee.
6. These survey report forms have been completed and at the direction of the committee sent to the director of the appropriate hospital dental service with copies to the administrator of the hospital, the Executive Director of the CCHA and the CDA files.
7. In order to make the reassessment program as effective and efficient as possible the committee agreed it would be preferable to require the periodic reassessments every 3 years instead of 5. It therefore asks Board approval of the following resolution:

Resolved:

Whereas the Canadian Council on Hospital Accreditation reassesses the hospitals every three years, and

HOSPITAL SERVICES

Whereas close liaison of CDA and CCHA would amount to meaningful assistance to each other in the task of accreditation,

Therefore be it resolved that periodic reassessment of hospital dental services be undertaken every three years by the CDA Hospital Services Council instead of every five years.

Adopted.

The chairman informed the Board that as the result of the committee's activities,

- (1) 16 hospitals have been re-evaluated,*
- (2) 2 hospitals were evaluated for the first time,*
- (3) 7 have been provisionally approved,*
- (4) 9 were approved,*
- (5) 2 were not approved.*

NEW APPLICATIONS FOR APPROVAL OF DENTAL SERVICES

8. St. Joseph's Hospital, London, Ontario, and the Winnipeg General Hospital both made initial applications for approval of their dental services. Both have been considered, have received on-site inspection, and have been given an "approved" status.

CANADIAN COUNCIL ON HOSPITAL ACCREDITATION

9. The committee noted a recommendation from the 1969 Teaching Conference on "The Role of Hospitals in Dental Education" namely, "To further promote dental education we strongly advise that the Canadian Dental Association obtain a seat on the Canadian Council for Hospital Accreditation."
10. After study of the implications of this recommendation the committee adopted the following resolution and seeks Board approval of it.

Resolved:

Whereas the Report on the Teaching Conference of the Council on Education recommends, re "The Role of Hospitals in Dental Education," that the CDA obtain a seat on the CCHA, and

Whereas the cost of such representation appears economically unjustified,

Be it resolved that the CDA does not at this time actively seek a seat on the CCHA but, through dialogue and correspondence with the CCHA, establish a working liaison.

Adopted.

ADMISSION OF DENTAL PATIENTS TO HOSPITAL

11. The availability of beds for dental patients was considered. The committee emphasized its stand on admission procedures by approving the following motion.

That the Hospital Services Committee of the CDA hereby endorses

and reiterates its support of the principle of admission of dental patients as presently stated in Section 33 of the CDA's *Guidelines for Dental Services in Hospitals*.

And further that this is meant to imply that the dentist will admit his dental patients but that a staff physician will assume responsibility for making the physical examinations, recording the medical histories, and for continuing medical care when this is necessary.

The Board does not agree with the committee's endorsement of the principle of admission of dental patients as presently stated in Section 33 of the CDA's Guidelines for Dental Services in Hospitals, which reads as follows:

Patients requiring dental treatment should be admitted by a dentist on the active dental staff of the hospital in association with a physician on the active medical staff. Dentists admitting patients should be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger for any reason whatsoever. On all admissions, a medical history and physical examination by a physician and a laboratory workup must be performed according to hospital by-law requirements.

The Board recommends a substitute paragraph as follows:

Patients admitted for dental care shall be admitted by a dentist on the dental staff of the hospital, and a physician on the medical staff of the hospital shall be responsible for the admission, history and physical examination, and the general medical care of the patient.

Motion from the floor:

*That the above substitute paragraph be amended to read as follows:
Patients admitted for dental care shall be admitted by a dentist on the dental staff of the hospital. A physician on the medical staff of the hospital shall be responsible for the history and physical examination and the general medical care of the patient.*

Adopted.

This report has been reviewed and the committee is commended for its activities.

INSURANCE

MEMBERS: D. C. Way, Chairman, London; G. Beaulieu, Rimouski; R. A. Hugill, Toronto; R. Rasmussen, Calgary; E. Rollaston, Toronto; D. C. Steeves, Moncton; O. F. Wright, Vancouver.

R E P O R T

1. The committee held three meetings during the 1969-70 term; July 28, 1969, September 29-30, 1969, and March 2-3, 1970.
2. The merger of CDA and provincial group insurance plans has been accomplished in accordance with the recommendations of the ad hoc insurance committee as adopted by the Board of Governors at the last annual meeting. The effective date of merger was October 1, 1969. As of that date CDSPI was appointed administrator (collector of premium) for all CDA group insurance plans as well as for the CDA Registered Retirement Savings Plan.

DESCRIPTIVE AND PROMOTIONAL LITERATURE

3. Descriptive literature pertaining to CDA group insurance plans and Registered Retirement Savings Plan was mailed to all members in the form of the *National Provincial Protection Package* booklet. Further literature dealing with the *Undergraduate Protection Program* and the *Graduate Protection Package* has been approved by the committee and will be henceforth included in the booklet.
4. In future separate leaflets explaining the *Undergraduate Protection Program* will be distributed to all first year dental students and all fourth year dental students will receive the complete *Protection Package* booklet early in their final year.

REGISTERED RETIREMENT SAVINGS PLAN

5. After much consideration and on the advice of the Royal Trust Company, the committee approved the combining of the present Government Bond and Corporate Bond Funds into a single Fixed Income Fund. New units of equivalent value will be credited to all participants in either or both existing bond funds.
6. The Trust Agreement has been approved by the committee and by the CDA solicitor. It will be ready for signature on behalf of the Association as soon as government approval has been obtained for the above change.
7. When such approval has been obtained the committee recommends that the chairman and a representative of the Royal Trust Company draft an explanatory letter and that it be sent to all participants in the present Government and Corporate Bond Funds.

ROYAL TRUST COMPANY

8. In future the Royal Trust has agreed to furnish the committee with more current details and information concerning the progress of the Registered Retirement Plan than has been their practice in the past.

INSURANCE

9. It was further agreed that there should be much closer cooperation between the committee and the Royal Trust with respect to promotion, advertising and publication of quarterly reports, etc.

GROUP DISABILITY - ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

10. Major administrative difficulties were encountered in the merger of disability and accidental death and dismemberment contracts, primarily because of basic differences in administrative and underwriting procedures presently being employed by Mutual of Omaha and Continental Casualty.
11. Although the merger of these plans has been accomplished, the committee is not yet satisfied with many aspects of the internal integration. The committee is confident that these difficulties will ultimately be resolved and in the meantime very much regrets the added responsibilities which have had to be assumed by CDSPI.
12. As of the effective date of the merger the annual renewal date for participants in the former CDA plan was different, i.e. some contracts came due each month. All participants in the former ODA plan had a common annual renewal date. Over a twelve month period all contracts in the merged plan will be changed to a common renewal date.
13. At present the application forms and contract forms being used by Mutual of Omaha and Continental Casualty are different, although the plans being offered are the same. Because of the very basic differences in operation of the two companies it will be some time before this confusing situation is rectified, but the committee is making every effort to see that one standard application form and contract form is developed as soon as possible.
14. The master contract with respect to disability and accidental death and dismemberment insurance was considered by the committee. Several amendments were discussed and agreed upon by the committee and the insurance carriers. When these amendments have been made and the retention and administration agreement has been drafted as agreed upon by the committee, it is recommended that these documents be turned over to the CDA solicitor for approval before signature on behalf of the CDA.

GROUP LIFE INSURANCE

15. The merger of group life plans was accomplished with relatively few difficulties. It is proposed that all present and future participants in the Group Life Plan be issued individual contracts. It is the opinion of the legal departments of both Imperial Life and Laurier Life that this change will much improve the plan, particularly with respect to assignment and third party ownership.
16. The master contract and the individual contract have been considered by the committee and several amendments were agreed upon. The committee recommends that the amended contracts, along with the retention and administration agreement be turned over to the CDA solicitor for approval before signature on behalf of the CDA.
17. Just prior to the merger of the group life insurance plans a number of CDA members who had applied for \$25,000 of coverage during the original open enrollment period in the former CDA plan, became eligible for increased

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coverage to this limit. Agreement was reached with Imperial Life that these lives would be considered as a special group and that the future experience of this group would not influence that of the merged plan.

MASTER CONTRACTS

18. The committee recommends the following resolution for Board approval:

Whereas the CDA Insurance Committee has been informed by the insurance carriers that there is a legal necessity for the immediate signing of the master contracts, and

Whereas the ODA Board of Governors has raised the issue of membership eligibility to participate in the insurance plans, and

Whereas the master contracts are renewable on an annual basis,

Therefore be it resolved that the master contracts be signed on behalf of the CDA as soon as possible after approval by the CDA solicitor and after completion of the negotiations concerning the retention administration agreement.

Adopted.

ELIGIBILITY

19. The question of eligibility in general for participation in CDA group plans prompted the following resolution for the consideration of the Board:

Resolved:

Whereas the ODA Board of Governors has raised the issue of membership eligibility to participate in the insurance plans, and

Whereas the master contracts are renewable on an annual basis,

Therefore be it resolved that the CDA Insurance Committee strongly recommends to the CDA Board of Governors that the issue of eligibility with respect to the national provincial protection package be resolved between CDA and its corporate members.

Adopted.

After prolonged discussion the Board of Governors reached a consensus that the eligibility question is resolved if the Executive Report Number 92(e) resolution (2) which states, "that the corporate members be invited to approve the principle of conjoint, voluntary, individual membership" is accepted.

Motion from the floor:

That should any presently existing corporate member of the CDA, voluntarily or otherwise, resign its membership in this Association then the members of that corporate body shall have the right and privilege of continuing any and all insurance coverage carried,

without penalty.

Adopted.

ADVISORY SERVICES

20. In accordance with the recommendation of the ad hoc insurance committee that advisory services should be an integral part of the insurance programs provided for the profession, an advisory subcommittee was appointed to investigate and report to the committee. Consideration of this report (Appendix A) by the committee resulted in approval of the following resolution:

Whereas it is agreed that special advisory consultant services are urgently needed by the dental profession and that arrangements for the establishment of the same are economically feasible,

Therefore be it resolved that:

1. The report of the CDA insurance subcommittee be approved in principle, and
2. The report be forwarded to the Directors of CDSPI for their consideration of same.

PROFESSIONAL AND INDUSTRIAL PENSIONS LTD.

21. All connections were severed with PIPL with respect to CDA group insurance plans and the CDA Registered Retirement Savings Plan as of October 1, 1969. PIPL will continue to act as agent of Sun Alliance, London Assurance (Beacon Life Assurance) and Mutual of Omaha with respect to the original CDA sponsored individual life and disability contracts. The committee has been assured by these companies that if in the future PIPL ceases to act as collector of premium and administrator of these individual contracts, other arrangements will be made for premium collection and servicing of these contracts.
22. Because PIPL's contract as administrator was terminated, PIPL claimed that according to the terms of the original agreement substantial additional commissions were owing in connection with the Registered Retirement Savings Plan. The chairman met with Mr. J. T. Staddon, Administrator of PIPL, at his request to hear proposals for a settlement. PIPL's proposals were considered by the committee but were found to be unacceptable and a letter to this effect was prepared by the chairman in consultation with the CDA solicitor and sent to Mr. Staddon. A copy of this letter was forwarded to the Executive Council.
23. Subsequent to this and after a thorough investigation the CDA solicitor concluded that CDA did in fact owe PIPL additional commissions although considerably less than Mr. Staddon's estimate. The solicitor calculated the amount to be \$19,000 and the Executive Council authorized payment of this figure in full settlement of all claims.

DEVELOPMENT OF ADDITIONAL INVESTMENT PLANS

24. Due to ever increasing demand on the part of CDA members for investment alternatives which are less conservative than the present CDA Registered Retirement Plan, the committee recommended that such alternatives be made available.

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25. Support of this recommendation by the Executive Council led to the appointment by the chairman of an investment subcommittee to investigate alternative investment plans and to review the ODA investment program.
26. On invitation by the committee, the chairman of the ODA Investment Committee met with the CDA Insurance Committee to explore the possibility and desirability of extending the ODA Investment Plan to all CDA members. A request was made to the ODA that the CDA investment subcommittee be allowed to review all material gathered by the ODA which pertains to the ODA Investment Plan.
27. The Royal Trust indicates willingness to set up a non-registered equity fund for the Association but states that this fund would be governed by the same investment policies as the Registered Common Stock Fund.
28. The report of the CDA investment subcommittee will be considered at the next CDA Insurance Committee meeting.

MAJOR MEDICAL PROGRAM

29. The committee recognizes that there is some need for the development of a major medical plan similar to the Blue Cross Extended Health Care Program which still exists in some areas.
30. The committee is investigating the possibility of establishing such a program which would provide additional coverage not provided by the national medicare plan.
31. Proposals have been received from two carriers and it appears that a major medical plan is possible with sufficient flexibility so that it could be adapted to the specific need for additional coverage in each province.

C D S P I

32. The past and continuing cooperation received by the committee from the Administrator and staff of CDSPI is very much appreciated. The numerous difficulties encountered in the merger of the plans has added measurably to the responsibilities and duties of the CDSPI.
33. The committee recommended that subject to ratification by the insurance carriers, CDSPI is to receive five per cent of collected premiums for its administration of CDA sponsored group insurance plans. This agreement is subject to review not later than July, 1971.
34. The Administrator of CDSPI indicated that the annual financial report concerning CDA group plans would be available in the late summer in conformity with the fiscal year end of CDSPI.

PUBLICITY

35. The committee recommends that much more can and should be done in the promotion of CDA insurance and investment plans. A publicity subcommittee has been appointed to assume primary responsibility for publicity.

INSURANCE

36. The editor of the *CDA Journal* has indicated his willingness to cooperate in every way possible with respect to publicity.

NAME AND TERMS OF REFERENCE

37. The CDA Executive Director informed the committee that the name proposed in the new by-laws for the Insurance Committee was the "Insurance and Investment Committee." The committee voiced no objection to the new name or the terms of reference.

The report of the Insurance Committee is essentially informative. The chairman and his committee are to be commended for their conscientious efforts during a particularly active year.

APPENDIX A

REPORT TO THE CDA INSURANCE COMMITTEE ON THE ESTABLISHMENT OF AN ADVISORY SERVICE FOR MEMBERS OF THE DENTAL PROFESSION

Drs. R. A. Hugill and E. Rollaston

SECTION 1. CDA INSURANCE AD HOC COMMITTEE REPORT 1969

The Ad Hoc Committee Report which was approved by the Canadian Dental Association Board of Governors reads in part as follows:

Section V,(5) - In addition to acting as collector of premiums, CDSPI shall provide such consultant and advisory services and personnel as are, in the opinion of the Insurance Committee, necessary to provide the dental profession with complete, accurate, and up to date information on all matters concerning insurance, pensions, etc."

and further

Section VII (A), (8) - Advisory services should be an integral part of the insurance programs provided for the profession. Administration of this advisory service must be dentally orientated and could possibly be provided through the collector of premium vehicle."

and further

Section VIII, (A) - CDSPI - The administration function shall comprise of a) the collector of premium service and b) limited advisory service under the direction of the CDA Insurance Committee.

(D) - Dental Orientated Advisory Services - The Ad Hoc Committee recommends that a dental orientated advisory service be established as soon as practical to provide advisory and consultary services to members of the profession in the fields of personal financial planning.

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Section 2. Appraisal of the Need for Special Advisory and Consultant Services by the Dental Profession

1. Dental students today are graduated from dental college with very little, if not totally inadequate, training in business and financial matters.
2. New graduates become the constant target of every consultant, insurance agent and salesman and, in many cases, buy or invest unwisely initially until they learn by bitter experience.
3. With the large potential purchasing power represented by the profession, we have the opportunity of saving our members hundreds of thousands of dollars. We have recognized this by the development of our group insurance and savings plans. However, merely having these plans available is not enough. We must sell our product in competition with very plausible "exterior" sales forces. Also our product must be sold on the basis of what is most suited to the needs of the dentist, not on a high premium/high commission basis.
4. We must also have a service which will offer advice and assistance to the retiring dentist (or his widow) in investing his pension monies. There is a great need, an indeed demand, for the provision of such services. If we are to truly serve the profession, this demand must be met.
5. There is a need for adequate advisory services to assist and make recommendations to dentists in respect to their enquiries to their requirements of coverage in the group insurance and retirement savings plans.

Section 3. Evaluation of the Advisory Services Currently Provided by CDSPI

CDSPI currently provides the following services in the administration of CDA Insurance and Retirement Savings Plans:

- (a) Accounting services involving the collection of premiums and transferral of monies to the insurance and trust companies, and payment of insurance claims.
- (b) Complete records of all insurance and retirement savings plans with respect to those dentists involved; i.e. amounts of coverage, claims, etc.
- (c) Provision of information by our administrator and staff to dentists requiring data related to their individual coverage in insurance and savings plans, claims, etc., by various means:
 - (i) telephone and personal interview;
 - (ii) personal correspondence;
 - (iii) mailing of special bulletins to the profession;
 - (iv) journal coverage.
- (d) Employment by the Directors of CDSPI of a special assistant to the Secretary-Treasurer of CDSPI on an interim basis (Dr. David Way). His specialized assistance has been related to the problems arising from:
 - (i) individual CDA insurance plans held by dentists;
 - (ii) enquiries to the newly organized and amalgamated CDA group insurance plans;
 - (iii) enquiries to the CDA Retirement Savings Plan.

- (e) Currently, it has become acutely apparent that the demand for services from the Secretary-Treasurer of CDSPI has been grossly over-extended. The need for an assistant to the Secretary-Treasurer of CDSPI in the management of CDSPI business is mandatory and immediate for the continuation of the competent services provided.

Section 4. Proposed Plan of Development of the Special Advisory and Consultant Services

The proposed Special Advisory and Consultant Service would be originated and organized by:

1. The immediate appointment of an insurance orientated personnel whose dual role initially would be:
 - (a) to serve as an assistant to the Secretary-Treasurer of CDSPI in the management of the business;
 - (b) to serve as Director and Co-ordinator of the Special Advisory and Consultant Service;
 - (c) As Director of the Special Advisory, he will act essentially as the "agent of referral" of dentists' enquiries to a group of specialized consultants.
2. The careful selection of competent "external" consultants in specialized fields, viz:
 - (a) office planning, lease agreements, equipment leasing, office management, etc;
 - (b) personal and household insurance planning;
 - (c) investment and pension portfolio planning;
 - (d) estate analysis and income tax problems;
 - (e) legal and personal finances;

to provide:

- (a) general information on a retainer-fee basis (paid by CDSPI); and
 - (b) specialized services on a fee-for-service basis where individual and involved personal attention is required. In this instance, the dentist would be expected to pay a normal fee for such service, over and above the retainer fee paid by CDSPI.
3. Selection of Personnel
 - (a) Guidelines as to the qualifications for selection of the director personnel would be utilized as outlined in the letter of Solicitor, Richard Shibley (see Section 7). He will be approved by the Directors of CDSPI.
 - (b) The group of special consultants will be selected from major areas across Canada for geographical convenience to the dentist utilizing

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their services. They will be selected by the Director of the Special Advisory Service and with the approval of the Directors of CDSPI.

- (c) It is the recommendation of this Committee that Dr. David Way, London, Ontario, subject to his approval and after negotiation of a satisfactory contract and retainer fee, be selected as the Special Consultant in the area of personal insurance, pensions and investments.

Section 5. Financing of the Proposed Advisory and Consultant Services

The financing of such advisory services does not constitute a major problem. Financial operation of these services would be proposed as follows:

1. The Director of the Special Advisory Service would not be an employee of CDSPI, but would be in business for himself under the auspices of CDSPI. This agent (limiting his services only to the dental profession) would be a licensed individual and, in return for commissions paid to him an arrangement would be made whereby CDSPI would charge back to this agent fees for the use of office premises, equipment and accounting services provided for him by CDSPI. This would provide a substantial net benefit to CDSPI. (See Appendix D.)
2. The net amount gained by the arrangement described in 1 would substantially offset, if not entirely provide, the finances necessary for the retainer fees to be paid the group of "external" specialized consultants. (See Appendix D.)
3. Complex or personalized service provided by the consultants would be paid for entirely by the individual dentist seeking his services.

Section 6. Interim Appointment of Dr. David Way by CDSPI

1. Minutes of CDSPI Annual Meeting, November 1969. Appointment of Dr. D. C. Way. (Appendix A)
2. Memorandum to: CDA Insurance Committee, November 20, 1969, re: Dr. D.C. Way. (Appendix B)

Section 7. Letter from Solicitors of CDA and CDSPI (Shibley, Righton & McCutcheon)

Copy of letter. (Appendix C).

Section 8. Summary Motion of Recommendations by the CDA Insurance Subcommittee, March 2, 1970

Whereas it is agreed that Special Advisory and Consultant Services are urgently needed by the dental profession and that arrangements for the establishment of the same are economically feasible;

Therefore be it resolved that:

1. This report of the CDA Insurance Subcommittee be approved in principle;
2. This report of the CDA Insurance Committee be forwarded to the Directors of CDSPI for their consideration of same.

Appendix A - Extract from Minutes of CDSPI Annual Meeting

"Appointment of Dr. D.C. Way:

"Discussion as to the temporary appointment of Dr. D.C. Way as our consultant on investment matters took place. There was unanimous approval of the appointment on the basis covered in the letters exchanged between Dr. Way and our Secretary-Treasurer on this subject.

"Motion: That Dr. Way be employed at a salary of \$15,000 plus expenses, retroactive to 1st October, 1969. Carried.

"Motion: That, as some concern had been expressed by Dr. Way about the possibility of a conflict of interest in his acting in the dual role as Chairman of the CDA Insurance Committee and as Consultant to CDSPI, this Board strongly recommends he continue in both capacities pending a final decision by the Canadian Dental Association as to the establishment of a permanent Advisory Service. Carried."

Appendix B - Memo to CDA Insurance Committee. Date Nov.20,1969.

From: W. E. Jackson, Administrator. Re Dr. D.C. Way

I would like to clarify an emergency action I was forced to take.

As you are aware, Royal Trust were forced to take rather drastic action in respect to obtaining statements of each member's investment in the CDA Retirement Savings Plan. The microfilm of the records had to be developed and completely rewritten. The records were found to be not in balance with the total amount in the fund as of 31 March 1969 and there were no entries subsequent to that date. So we have had a tremendous internal problem.

In addition we find that Mr. Staddon has been selling individual "pension-insurance" plans and, as he has a right to do, is billing the profession for these.

Those dentists involved in both individual and group plans are very confused.

This office has been inundated with inquiries, phone calls, etc., and each call or letter has to be dealt with on an individual basis - no form letter or stock answer is sufficient. In addition, it is a very delicate matter as we must not destroy the faith of the dentist in his Association.

So I was forced to make an emergency decision. It was impossible to hire an outsider with no background to assist me and I needed a man with both a knowledge of insurance and a complete understanding of our particular problem.

The only possible solution for me was to persuade Dr. Way to agree to assist me during this transition period. I could not possibly ask any one to take this much time out of his practice unless I was willing to compensate him for his loss of time.

Dr. Way has, reluctantly and with full knowledge of the problem I was confronted with, agreed to help on the above basis. However, both he

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and I would like it fully understood that:

- (1) This is a temporary emergency step taken to solve a very grave emergency situation, and
- (2) It is not intended in any way to interfere with, or to influence your decision with respect to the eventual setting up of an "advisory services" for the profession with CDSPI.

You have set up a special committee to study and recommend on the development of an advisory service and certainly no action will be taken until they have prepared their report and it is discussed and approved by yourselves.

In the meantime I hope you will approve of my emergency measures.

Appendix C - Letter from Shibley, Righton & McCutcheon to Dr. Russell A. Hugill dated February 26, 1970 re CDA Insurance Committee

Further to our luncheon conference and earlier evening conference referable to your report and the recommendations to be made therein, the following may be of assistance. We gather that what is required is personnel sufficiently experienced in the field of insurance, estate planning and, to a lesser extent, in the fields of accounting and law, to counsel doctors making enquiry as to business and estate matters. In this respect the person or persons required must be above average qualifications and yet there is a limitation upon your funds to satisfy the salary requirements of any such person. Accordingly, a compromise which may be available is one wherein such a person is selected who will act as agent through whom business is funnelled of the type in question. This agent would not be an employee of CDSPI but rather would be in business for himself under the auspices of CDSPI. In this latter respect premises and services could be provided at charges which would provide a net benefit to the Association.

In addition to the financial advantages of such an arrangement, this person would also be required to respond to enquiries from doctors as to insurance and related questions, thereby providing Gene Jackson with a measure of relief from the heavy load he is now carrying. The amount of charges to such person for the services aforementioned could be subject to annual review.

It would have to be understood that this agent would restrict his business to that emanating from our members in order that he become highly expert as to this narrow clientele and thereby provide above average advice.

In addition to all other assistance, such a person would be able to recommend experts in the fields of accountancy and law wherein special attention was required. It is my view that these referrals must be made on the basis of location of the enquiring doctor, i.e., an accountant or lawyer in the province and preferably in the immediate area of the dentists concerned should be selected. The selection of such people must be made with care inasmuch as there is an obligation upon you when making recommendations or having recommendations made by your representative that the selection be of people who are, in fact,

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qualified to provide the assistance the member expects.

It is my own view that it is quite beyond your abilities at the present time to employ as captive personnel people who have all the necessary qualifications to provide the broad spectrum of advice and services that you would wish to provide to your members. In fact, I know of no commercial organization acting independently which can provide the whole of this spectrum of services. The difficulty is that you must find one or more people combining the talents of a lawyer, an accountant and an insurance man.

I trust these observations will prove of help to you.

Yours very truly
Shibley, Righton & McCutcheon
per R. Shibley

Appendix D - CDSPI Agent

In return for monies paid to him on commissions from:

(a) pensions set up from dentists' retirement funds,
he will provide the following services:

- (a) selection of pension schemes or plans for retiring dentists;
- (b) assistance to Secretary-Treasurer in the management of CDSPI business
- (c) specifically, assistance in the development of new and maintenance of existing group insurance plans of the associations.

His services will be entirely limited to the needs of the dental profession.

CDSPI will charge him for use of premises: i.e., rent for office space, use of equipment, utilization of CDSPI staff services, e.g. accounting.

This will provide CDSPI with revenue for the financing of additional consultant services.

The special agent to CDSPI's salary will be accrued from commissions on insurance plans, less the charges made to him by CDSPI by agreement.

N.B. All recommendations made by this special agent with respect to proposed pension plans for retiring dentists, association group insurance plans would be reviewed and approved by the Special Consultant (paid on a retainer fee basis) on Insurance, Pensions and Investments.

LEGISLATION

MEMBERS: M. M. Derrick, Chairman, Ottawa; J. R. Callingham, Ottawa;
K. F. Pallett, Ottawa.

R E P O R T

LOBBY

1. The following resolution was adopted by the Board of Governors last year:

Whereas the need for close, continuous and knowledgeable communication with the federal government has become a prime requirement in an effective public relations program, and

Whereas there exists at the federal level a source of grants in aid of education, research and public health,

Therefore be it resolved that the Council on Legislation explore the most effective means to mount a political action program and so create a national lobby (1969 *Trans*:88, 12),

2. At present, under the rules of the House of Commons, creation of a lobby is not permitted. However, there is a bill before the House, which, if passed, will allow a lobby to be formed and registered (April, 1970).
3. This council is of the opinion that the interests of the CDA would be better served in a public relations approach rather than a direct political action program.
4. Whereas there exists a need for a two-way exchange of information and communication, this council recommends to the Board the following proposals in order of preference:

Resolved:

- (a) That the headquarters of the CDA be moved to Ottawa in the near future and, or
- (b) That the CDA engage a public relations firm, preferably an individual possessing House of Commons experience, who would be directly responsible to the Executive Council, or,
- (c) Expand the Council on Legislation to 10 members with the chairman appointed by and reporting to the Executive Council.

By way of response the Board proposes the resolution:

Whereas the Executive Council report, paragraph 93, presents a resolution in respect to the subject of the above resolution,

Be it resolved that this subject be discussed when the Executive Council report is considered.

Adopted.

PROVINCIAL LEGISLATION

5. The secretary-registrars of corporate members have provided this council with

information regarding legislative changes which have occurred since the last annual meeting of the CDA. This information is summarized below.

6. ALBERTA

- (a) On February 16, 1970 the Lieutenant Governor in Council approved an addition to the by-laws which deals with discipline.
- (b) The Alberta Health Care Insurance Act was amended to include reimbursement to dentists for many intraoral surgical procedures performed outside a hospital.

7. BRITISH COLUMBIA

- (a) Major revisions to the Rules, Regulations and By-laws have been submitted for the required government approval by order-in-council.
- (b) The B.C. Government has passed a Professional Corporations Act which permits dentists, among others, to incorporate their practices.

8. MANITOBA

- (a) A bill to legalize dental mechanics is presently before the Manitoba Legislature.

9. ONTARIO

- (a) The Government of Ontario has not permitted any new legislation in the healing professions until the *Report of the Committee on the Healing Arts* is issued.

10. PRINCE EDWARD ISLAND

A new dental act was passed at the last session of the Legislature. In summary the important changes are:

- (a) Deletion from the Act of the details concerning licensure. Power is given to the Council of the Association to appoint examiners, establish standards, the curriculum of studies to be pursued and the examinations to be passed.
- (b) Sections dealing with illegal practice have been strengthened. The Association has the authority to pass by-laws for the establishment, development, registration and control of dental auxiliary personnel.
- (c) Dental hygienists who have received training in an approved course of study will be permitted to perform a greater range of duties.

11. QUEBEC

Three sections of the by-laws have been amended and replaced by the following:

- (a) Art. 59. "Each member of the College of Dental Surgeons of the Province of

LEGISLATION

Quebec shall, according to Article 91 of the Quebec Dental Act, beginning July 1st, 1970, pay to the Registrar an amount of one hundred and fifty dollars (\$150.00) as annual dues; this contribution is payable in advance - July 1st of each year."

- (b) Art. 60. "Beginning July 1st, 1970, the College will pay the Canadian Dental Association an annual contribution of fifty-five dollars (\$55.00) per member in good standing with the College."
- (c) Art. 61. "Beginning July 1st, 1970, any member of the College who has reached the age of 65 on or before July 1st of the current year, is required to pay annually only one-half of the annual membership fee."

The Board of Governors recommends that the following additional paragraph under the heading Nova Scotia be added for information - the paragraph to be inserted as number 12, renumbering the final paragraph.

12. Nova Scotia

- (a) A bill in respect of Dental Mechanics was introduced to the legislature.*
- (b) This bill was defeated in second reading. It should be noted that it lost "in principle." The members of the Legislative Assembly of the Province of Nova Scotia share a common view with the members of the NSDA in respect of concern for patient welfare.*

Moved that the additional paragraph be added for information.

Adopted.

APPRECIATION

- 13. This council extends its appreciation to the corporate secretaries and registrars for their assistance during the past year.

TRUSTEES: E. R. Bilkey, Toronto; H. R. MacLean, Edmonton; W. G. McIntosh, Toronto.

R E P O R T

HISTORY OF DENTISTRY

1. A most important event to dentistry and to dental libraries throughout the world, will be the publication of Dr. D. W. Gullett's, *History of Dentistry in Canada*. The book is being published by the University of Toronto Press for the Canadian Dental Association. Copies are expected to be available some time this year.
2. The Trustees of the CDA's Sidney Wood Bradley Memorial Library Fund were invited by the Executive Council to participate in financially supporting publication of the history.
3. Realizing that there is no comparable text currently available, that Dr. Gullett's book will make a valuable addition to a segment of Canada's history, that the book is likely to have a significant educational value not only to students of dentistry but also to students of history, that support of a project such as the *History of Dentistry in Canada* is permissible by the terms of the Library Trust Deed and considered to fall well within the expressed wishes of the library's late benefactor, Dr. Bradley, the Trustees approved the following statement and motion:

The Trustees of the Library, fully aware of the mounting need for documentation of the history of our young and proud profession, gratefully acknowledge the readiness for publication of Dr. D. W. Gullett's volume, the *History of Dentistry in Canada*. Further, it is considered appropriate that the privilege of allocating funds for this purpose should be accorded the library, wherein there is an intrinsic responsibility to record the past.

That a person of the stature and dedication of Dr. Gullett was persuaded by our Association to undertake this task, gives unquestionable assurance of competence and thoughtful reliability in its preparation.

The Trustees then approved a motion to the effect that the Library Trust Fund would underwrite the initial costs of publishing the *History of Dentistry in Canada* by Dr. Gullett on condition that royalties, as they accrue from sales of the book would be returned to the credit of the Fund to the extent of the initial withdrawal.

The announcement of the early publication of the History of Dentistry in Canada by Dr. Don W. Gullett is of special interest to the Association and to the dental profession throughout the world.

Notre comité profite de l'occasion pour exprimer sa reconnaissance au Trustees du Library Trust Fund pour leur intervention. Ils ont rendu possible, à courte échéance, la publication de l'histoire de la Chirurgie Dentaire au Canada.

Notre comité félicite en plus le Dr. Don W. Gullett d'avoir terminé cette oeuvre

LIBRARY

de grande envergure qui nous en sommes certains, sera un chef d'oeuvre d'exactitude.

INVENTORY

4. 164 new books were purchased during the year bringing the library total to 5211 volumes.
5. 343 current publications are received regularly. This number is made up of 51 subscriptions for 12 of the best periodicals.
6. Interlibrary loans from all over Canada are increasing continually.

USE OF THE LIBRARY

6. 40 per cent more books were borrowed from the library this year than last year, probably because we purchased for the first year two copies of all the best textbooks.
7. 39 per cent more dental periodicals were borrowed this year. Probably also because we have purchased double subscriptions for 12 of the best periodicals.
8. Interlibrary loans from all over Canada are increasing continually.

XEROGRAPHY

9. In 1969 the Board recommended sending Xerox copies of requested articles in periodicals to CDA members as a means of speeding up library services and reducing the need for purchasing several copies of the periodicals (1969 *Trans*: 89,8). To obtain more detailed information on relative costs the librarian was asked to keep a record over a trial period of six months, of all Xerox copies dispatched by the library with a view to determining the cost and frequency of that service.

LIBRARY TRUST FUND

10. Details of the receipts and disbursements of the Library Fund are shown in the Auditor's Statement for 1969 and are therefore not repeated here.

This report is informative and of great interest.

RECORDS DEPARTMENT
Miss A. M. Cowling

R E P O R T

Since the last Annual Meeting of the Canadian Dental Association the deaths of the following members have been recorded:

Balmer, Weir Campbell - RCDS '25	-----	Vancouver, B.C.
Baxter, Leo Maurice - Pennsylvania '24	-----	Dartmouth, N.S.
Boissonneault, Polydore - Montréal '42	-----	Bécancourt, Qué.
Bonnell, Percival Lincoln - Tufts '14	-----	Saint John, N.B.
Bourgie, Wilfred - Montréal '25	-----	Montréal, Qué.
Breton, Hyacinthe - Montréal '22	-----	St-Hyacinthe, Qué.
Brisebois, Joseph Jean - Montréal '26	-----	Montréal, Qué.
Burrows, Earle Stanley - RCDS '23	-----	Florida, U.S.A.
		Formerly Guelph, Ont.
Carrier, Jean Paul - Montréal '44	-----	Lévis, Qué.
Charland, Gustave - Montréal '26	-----	Montréal, Qué.
Christie, John Andrew - Alberta '38	-----	Norwood, Man.
Clay, Merrill Allan - Dalhousie '23	-----	Ottawa, Ont.
Daigneau, Paul Luke - McGill '08	-----	Thetford Mines, Qué.
Dault, Leo - Montréal '43	-----	Penetanguishene, Ont.
		Formerly Montréal
Davies, David Russell - RCDS '23	-----	Oshawa, Ont.
De Renzy, Hubert Willard - RCDS '02	-----	Calgary, Alta.
Downer, John Harry - RCDS '24	-----	Toronto, Ont.
Downton, Raymond Albert - Dalhousie '55	-----	St. John's, Nfld.
Doyon, Lévis - Montréal '31	-----	Victoriaville, Qué.
Dupras, Gustave - Montréal '32	-----	Montréal, Qué.
Duff, John Henry - RCDS '14	-----	Toronto, Ont.
Edwards, Stephen Miles - RCDS '04	-----	Port Perry, Ont.
Falardeau, Jules Hector - Montréal '25	-----	Montréal, Qué.
Farrer, Isaac Keillor - Baltimore '15	-----	Saint John, N.B.
Frederick, Fred Owen - McGill '41	-----	Montréal, Qué.
Gardner, A. J. - Northwestern '19	-----	Winnipeg, Man.
Gold, Maxwell - McGill '13	-----	Montréal, Qué.
Gorchynski, Joseph Albert - Toronto '44	-----	Toronto, Ont.
Gordon, W. Bruce - North Pacific '15	-----	Courtenay, B.C.
Gosse, Joseph Roland - North Pacific '26	-----	White Rock, B.C.
Gouin, J. A . Gustave - Montréal '20	-----	Outremont, Qué.
Hampton, Charles LeRoy - Toronto '32	-----	Woodstock, Ont.
Hart, Wilfrid George - RCDS '22	-----	Brantford, Ont.
Hawkins, James Donald - Alberta '32	-----	Edmonton, Alta.
Hendry, William Roy - RCDS '23	-----	Toronto, Ont.
Ingram, James Wesley - RCDS '18	-----	Toronto, Ont.
Johnson, Albert Valtyr - Minnesota '29	-----	Winnipeg, Man.
Johnson, George Nelson McPhaden - Toronto '30	-----	Cannington, Ont.
Kee, Ralph H. - McGill '26	-----	Saint John, N.B.
Kennedy, Donald McCready - RCDS '27	-----	Chatham, Ont.
Kut, Samuel John - Alberta '53	-----	Vancouver, B.C.
Landau, Julius - Toronto '27	-----	Toronto, Ont.
Langlois, Charles Henri - Montréal '25	-----	Lachine, Qué.
Legendre, Major Pierre - Montréal '62	-----	RCDC Germany
Lockhart, Louis Sydney - Toronto '30	-----	Toronto, Ont.

NECROLOGY

Long, Victor Carman - RCDS '20 -----	Toronto, Ont.
Lowther, John Sidney - Baltimore '99 -----	Edmonton, Alta.
Macintosh, John George Stewart - Toronto '50 -----	Toronto, Ont.
Manning, Thomas Gerald - Tufts '28 -----	Westfield, N.B.
Martin, Lawrence Melville - RCDS '21 -----	Ottawa, Ont.
McClure, Frederick Davis - RCDS '21 -----	Toronto, Ont.
McRae, Kenneth E. - North Pacific '24 -----	West Vancouver, B.C.
Mongeau, Eldor - Montréal '24 -----	Montréal, Qué.
Munn, Patrick Van Allen - Toronto '50 -----	St. Catharines, Ont.
Murray, William Spencer - Alberta '36 -----	Edmonton, Alta.
Neen, Adam Thompson - North Pacific '26 -----	North Vancouver, B.C.
Nelson, Claude Arnold - RCDS '23 -----	St. Catharines, Ont.
Nicholson, Wilfred Audbrey - North Pacific '29 -----	Nanaimo, B.C.
Northrup, Donald Lloyd - Dalhousie '51 -----	Sussex, N.B.
O'Brien, Emmett Joseph - RCDS '22 -----	Toronto, Ont.
O'Connor, Thomas Henry - RCDS '25 -----	Toronto, Ont.
Paul, William Andrew Marr - RCDS '24 -----	Napanee, Ont.
Pauli, Ferne Olive (née Beatty) - Toronto '39 -----	Stratford, Ont.
Philp, Gerald Meredith - RCDS '22 -----	Hamilton, Ont.
Pilkey, John Glenney - RCDS '16 -----	London, Ont.
Poag, Arthur Reginald - RCDS '19 -----	Hamilton, Ont.
Poupart, Roméo - Montréal '35 -----	Montréal, Qué.
Pullar, James Glenison - RCDS '23 -----	Calgary, Alta.
Racicot, Christian - Montréal '44 -----	Montréal, Qué.
Read, Frederick Douglas - Alberta '52 -----	Edmonton, Alta.
Robidoux, Peter Emery - McGill '23 -----	Shediac, N.B.
Robinson, Tremaine Norman - Toronto '26 -----	Hamilton, Ont. (Windsor, Ont.)
Sisson, Elmo Wesley - RCDS '09 -----	Bowmanville, Ont.
Skudwick, Abraham - Toronto '43 -----	Hamilton, Ont.
Smith, William Dewey - Oregon '23 -----	Grand Forks, B.C.
Stewart, Charles Alexander - Toronto '26 -----	Toronto, Ont.
Stewart, Evan Alexander - RCDS '23 -----	Toronto, Ont.
Stewart, Harry Allan - RCDS '14 -----	Kingston, Ont.
Stewart, James Lloyd - RCDS '19 -----	Hamilton, Ont.
Thomas, Frank Crocker - Dalhousie '19 -----	Saint John, N.B.
Thomas, William George - Toronto '26 -----	Niagara Falls, Ont.
Toombs, Bruce L. - Tufts '08 -----	Winnipeg, Man.
Torrie, Robert McIntyre - Alberta '51 -----	Victoria, B.C.
Tousignant, Albert - Montréal '24 -----	St-Hyacinthe, Qué.
Tripp, John Henry - Toronto '47 -----	Cobourg, Ont.
Wade, Arthur K. - Baltimore '18 -----	Perth, N.B.
*Watson, Gordon D., Q.C. - Toronto '26 -----	Toronto, Ont.
**Whyte, James Patterson - RCDS '21 -----	Swift Current, Sask.
Wilkinson, Hilary Newman - RCDS '05 -----	Toronto, Ont.
Wilson, Arthur Hunter - RCDS '20 -----	New Glasgow, N.S.
Zimmerman, George Foster - RCDS '14 -----	Toronto, Ont.

*Honorary Member CDA

**Past President CDA

NOMINATIONS

MEMBERS: W. J. Spence, Chairman, Toronto; R. O. Brett, Regina; R. A. Clappison, Toronto; J. P. Coupland, Ottawa.

R E P O R T

1. Please permit me to express my sincere thanks to the members of this committee for their cooperation and assistance. I also wish to thank all the members who submitted nominations from which the committee could select this slate.
2. Because of the (pending) revision of the Association's by-laws, the committee was directed by the Executive Council to advance nominations according to the council and committee structure as proposed by the Board at its special session in the fall of 1969 (Exec. Council Nov. 25-27/69 #98(1)). This has been done except in those instances where the Board decided the number of council or committee members should be reduced. In these latter instances the committee is of the opinion that the council or committee should be gradually reduced to the appropriate numbers as the individuals' terms of office are completed.

Resolved:

That in those instances where by-law amendments have reduced the number of members on specific councils or committees, the reduction be gradually accomplished as individual members' terms of office are completed.

3. The (pending) by-law revision set out a new nominations procedure. This procedure could not become operative until after it was formally approved by the Board at the 1970 annual meeting which means at the earliest for the 1971 nominations. The nomination procedure for 1970 is therefore as laid down in the by-laws under which this 1970 annual meeting is being conducted, that is the Nomination Committee will present a slate of nominees, which is the committee's selection from all the nominations that have been made for the various elective positions. Nominations from the floor are in order.
4. The Nominations Committee is pleased to place in nomination the following list of nominees.

FOR THE OFFICE OF PRESIDENT-ELECT - Dr. L. Bernier, Quebec City

(For the following nominations to the Executive Council and committees the figures (1) and (2) indicate first or second term ending in the year shown.)

EXECUTIVE	- A. L. MacIsaac, Charlottetown	1972(2)
	- H. M. Jolley, Toronto	1972(1)
AUXILIARY SERVICES - N.S.	- W. B. Coleman, Halifax	1973(2)
- P.E.I.	- H. C. Stewart, Kensington	1973(2)
- Manitoba	- W. V. Grenkow, Winnipeg	1973(1)
- Alberta	- E. F. Allison, Calgary(Chrmn)	1973(2)
COMMUNICATIONS	- K. I. Levinson, Toronto(Chrmn)	1972(2)
	- L. Bossé, Dorval	1973(2)
	- I. Hrabowsky, St. Catharines	1973(1)

NOMINATIONS

CONSTITUTION AND BY-LAWS	- H. Brouillet, Montreal	1973(1)
DENTAL SERVICES	- D. A. Eisner, Halifax	1973(2)
	- D. G. Hall, Vancouver	1973(1)
	- R. G. Dickson, Drumheller	1973(2)
	- R. G. Romcke, Summerside	1973(2)
	- K. F. Walsh, St. John's	1973(1)
EDUCATION - From ACFD	- K. J. Paynter, Saskatoon	
	(Chrmn)	1973(2)
	- W. J. Dunn, London	1972(2)
- From the membership at large-	N. Diefenbacher, Kitchener	1973(1)
	- L. G. Mandin, St. Paul	1973(1)
	- M. J. Crompton, Moncton	1971(1)
- From NDEB	- M.J.T. Dohan, Victoria	1972(1)
	- W. F. Hancock, Fort Qu'Appelle	1973(1)
- From RCD(C)	- J. E. Speck, Toronto	1972(1)
- From Registrars	- G. E. Decker, Edmonton	1973(1)
ETHICS	- R. M. Le Blanc, Montreal	
	(Chrmn)	1973(2)
	- W. K. Martin, Regina	1973(2)
HEADQUARTERS PROPERTY	- C. E. Purdy, Toronto	1973(1)
INSURANCE	- C. L. Moran, Montreal	1973(1)
LEGISLATION	- H. C. Bugden, Ottawa	1973(1)
PUBLIC HEALTH AND PREVENTIVE DENTISTRY	- C. H. McCormick, Winnipeg	1973(2)
CHAIRMAN OF THE BOARD	- P. S. Christie, Halifax	

5. The complete list of Councils and committees will be published in the *Transactions* as an appendix to this report.
6. On behalf of the Canadian Dental Association we wish to sincerely thank all of those members who are leaving councils or committees.
7. The chairman is pleased to place the above names in nomination for the offices indicated and to move the adoption of the Nominations Committee Report.
8. Nominations: The Board is reminded that the Nominations Committee comprises three members elected by the Board plus the President-elect who serves as chairman. The by-laws state that the membership of the committee should be representative of the geographical divisions of the Association and should include one or more past presidents. Nominations shall be made from the floor by a member or members of the Board of Governors. Terms of office of present members are:

R. A. Clappison - 1970(1) J. P. Coupland - 1971(1) R. O. Brett - 1972(1).

One members is therefore to be nominated and elected to the Nominations Committee for a term of three years.

Motion from the Floor: That all qualified nominations for CDA offices received by the Nominations Committee be added to the slate of nominees

NOMINATIONS

as presented by the Nominations Committee and further

*That a new report be printed and presented at the next session
of this Board.*

Adopted.

SUBSTITUTE REPORT OF THE NOMINATIONS COMMITTEE AS DIRECTED BY THE BOARD OF
GOVERNORS, JUNE 29, 1970

1. At the request of the Board a second report of the Nominations Committee has been prepared and presented to you. As requested, it contains the names of all the eligible proposed candidates who consented in writing to have their names forwarded to the Nominations Committee.
2. Under the circumstances I have no alternative but to point out to the Board, as I tried to do before, that the original Nominations Report was presented as our interpretation of Article X, Section 4(f), quoted by Dr. Hrabowsky yesterday. This interpretation is the one followed by nominations committees for at least ten years. The substitute report includes all the eligible proposals as best a portion of the Nominations Committee can assess them and does not represent a slate but simply a list of proposed names. Under these new circumstances I move that nominations now be closed so that a ballot form may be drawn up.
3. I would also propose that this ballot form should be distributed to the Board members at 9 a.m. on Wednesday morning, July 1, and that casting of ballots be completed by 2 p.m. on Wednesday, July 1. In this way the results could be presented to you at the proper time on Wednesday afternoon, July 1.
4. Because of the (pending) revision of the Association's by-laws, the committee was directed by the Executive Council to advance nominations according to the council and committee structure as proposed by the Board at its special session in the fall of 1969 (Exec. Council Nov. 25-27/69 #98(1)). This has been done except in those instances where the Board decided the number of council or committee members should be reduced. In these latter instances the committee is of the opinion that the council or committee should be gradually reduced to the appropriate numbers as the individuals' terms of office are completed.

Resolved:

That in those instances where by-law amendments have reduced the number of members on specific councils or committees, the reduction be gradually accomplished as individual members' terms of office are completed.

Adopted.

5. The complete list of councils and committees will be published in the *Transactions* as an appendix to this report.
6. On behalf of the Canadian Dental Association we wish to sincerely thank all of those members who are leaving councils or committees.
7. Nominations: The Board is reminded that the Nominations Committee comprises

NOMINATIONS

three members elected by the Board plus the President-elect who serves as chairman. The by-laws state that the membership of the committee should be representative of the geographical divisions of the Association and should include one or more past presidents. Nominations shall be made from the floor by a member or members of the Board of Governors. Terms of office of present members are:

R. A. Clappison - 1970(1) J. P. Coupland - 1971(1) R. O. Brett - 1972(1)

One member is therefore to be nominated and elected to the Nominations Committee for a term of three years.

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FOR THE OFFICE OF PRESIDENT-ELECT - Dr. L. Bernier, Quebec City

EXECUTIVE COUNCIL

(Dr. A. L. MacIsaac, Charlottetown, P.E.I. no longer eligible since P.E.I. at a meeting since production of the original Nominations Committee Report, have changed their governor)

- TWO TO BE ELECTED

- Dr. D. K. Peters - St. John's, Nfld. 1972(1)()
- Dr. E. J. Siegel - Toronto, Ont. 1972(1)()
- Dr. H. M. Jolley - Toronto, Ont. 1972(1)()
- Dr. J. E. Merritt - Halifax, N.S. 1972(1)()

- On nomination from the floor, Dr. Lindsay Mussells, Montreal, was nominated to the Executive Council.

AUXILIARY SERVICES
COMMITTEE

- FOUR TO BE ELECTED, ONE FROM EACH OF
THE PROVINCES LISTED BELOW

Nova Scotia

- W. B. Coleman, Halifax 1973(2)()
or

- E. S. Morrison, Halifax 1973(1)()

P.E.I.

- H. C. Stewart, Kensington 1973(2)()

Manitoba

- W. V. Grenkow, Winnipeg 1973(1) ()

Alberta

- E. F. Allison (chrnm) 1973(2)()

COMMUNICATIONS
COMMITTEE

- THREE TO BE ELECTED

- K. I. Levinson, Toronto (chrmn) 1972(2)()

- L. Bossé, Dorval 1973(2) ()

- I. Hrabowsky, St. Catharines 1973(1) ()

- W. H. Christie, Winnipeg 1973(1) ()

- K. E. Glover, Edmonton 1973(1) ()

NOMINATIONS

CONSTITUTION AND BY-LAWS - H. Brouillet, Montreal 1973(1)()

DENTAL SERVICES COMMITTEE

- FIVE TO BE ELECTED, ONE FROM EACH
OF THE PROVINCES LISTED BELOW

- Nova Scotia - L. H. Caslake, Bridgewater 1973(1)()
or
- D. A. Eisner, Halifax 1973(2)()
- B.C. - D. G. Hall, Vancouver 1973(1)()
- Alberta - R. G. Dickson, Drumheller 1973(2)()
- P.E.I. - R. G. Romcke, Summerside 1973(2)()
- Newfoundland - K. F. Walsh, St. John's 1973(1)()

COUNCIL ON EDUCATION

- FROM ACFD TWO TO BE ELECTED
- K. J. Paynter (chrnm) Saskatoon 1973(1)()
- W. J. Dunn, London 1972(2)()
- FROM THE MEMBERSHIP AT LARGE,
THREE TO BE ELECTED
- C. A. Oler, Halifax 1973(1)()
- E. E. Johns, Kingston 1973(1)()
- N. Diefenbacher, Kitchener 1973(1)()
- L. G. Mandin, St. Paul 1973(1)()
- M. J. Crompton, Moncton 1971(1)()
- FROM NDEB, TWO TO BE ELECTED
- M.J.T. Dohan, Victoria 1972(1)()
- W. F. Hancock, Fort Qu'Appelle 1973(1)()
- N. J. Layton, Truro 1973(1)()
- FROM RCD(C), ONE TO BE ELECTED
- J. E. Speck, Toronto 1972(1)()
- Eric White, Sydney 1973(1)()
- FROM REGISTRARS
- G. E. Decker, Edmonton 1973(1).....()

COUNCIL ON ETHICS

- TWO TO BE ELECTED
- R. M. Le Blanc, Montreal (chrnm) 1973(2).....()
- W. K. Martin, Regina 1973(1)()
- A. J. Cote, Montreal 1973(1)()

HEADQUARTERS PROPERTY COMMITTEE

- ONE TO BE ELECTED

NOMINATIONS

- C. E. Purdy, Toronto 1973(1)()
- E. J. Wachta, Guelph 1973(1)()

INSURANCE COMMITTEE - C. L. Moran, Montreal 1973(1)()

LEGISLATION - ONE TO BE ELECTED

- H. C. Bugden, Ottawa 1973(1)()
- D. M. Kovitz, Calgary 1973(1)()

PUBLIC HEALTH AND PREVENTIVE DENTISTRY - C. H. McCormick, Winnipeg 1973(2)()

CHAIRMAN OF THE BOARD - P. S. Christie, Halifax()

There being no further nominations, the chairman declared the nominations closed.

THE NOMINATIONS COMMITTEE IS PLEASED TO REPORT THE RESULTS OF THE 1970 CANADIAN DENTAL ASSOCIATION ELECTIONS.

PRESIDENT-ELECT	Dr. L. Bernier, Quebec City	
EXECUTIVE COUNCIL	Dr. D. K. Peters, St. John's, Nfld.	1972(1)
	Dr. H. M. Jolley, Toronto, Ont.	1972(1)
AUXILIARY SERVICES COMMITTEE ...	Dr. W. B. Coleman, Halifax, N.S.	1973(2)
	Dr. H. C. Stewart, Kensington, P.E.I.	1973(2)
	Dr. W. V. Grenkow, Winnipeg, Man.	1973(1)
	Dr. E. F. Allison (chrmn) Calgary, Alta.	1973(2)
COMMUNICATIONS COMMITTEE.....	Dr. K. I. Levinson (chrmn), Toronto, Ont.	1972(2)
	Dr. L. Bossé, Dorval, Que.	1973(2)
	Dr. I. Hrabowsky, St. Catharines, Ont.	1973(1)
COUNCIL ON CONSTITUTION AND BY-LAWS.....	Dr. H. Brouillet, Montreal, Que.	1973(1)
DENTAL SERVICES COMMITTEE.....	Dr. D. A. Eisner, Halifax, N.S.	1973(2)
	Dr. D. G. Hall, Vancouver, B.C.	1973(1)
	Dr. R. G. Dickson, Drumheller, Alta.	1973(2)
	Dr. R. G. Romcke, Summerside, P.E.I.	1973(2)
	Dr. K. F. Walsh, St. John's, Nfld.	1973(1)
COUNCIL ON EDUCATION	Dr. N. Diefenbacher, Kitchener, Ont.	1973(1)
	Dr. L. G. Mandin, St. Paul, Alta.	1973(1)
	Dr. M. J. Crompton, Moncton, N.B.	1971(1)

NOMINATIONS

Education contd:	Dr. M.J.T. Dohan, Victoria, B.C.	1972(1)
	Dr. W. F. Hancock, Fort Qu'Appelle, Sask.	1973(1)
	Dr. J. E. Speck, Toronto, Ont.	1972(1)
	Dr. G. E. Decker, Edmonton, Alta.	1973(1)
	Dr. K. J. Paynter (chrnm) Saskatoon, Sask.	1973(1)
	Dr. W. J. Dunn, London, Ont.	1972(2)
COUNCIL ON ETHICS	Dr. R. M. Le Blanc (chrnm), Montreal, Que.	1973(2)
	Dr. W. K. Martin, Regina, Sask.	1973(2)
HEADQUARTERS PROPERTY COMMITTEE	Dr. C. E. Purdy, Toronto, Ont.	1973(1)
INSURANCE COMMITTEE	Dr. C. L. Moran, Montreal, Que.	1973(1)
COUNCIL ON LEGISLATION	Dr. H. C. Bugden, Ottawa, Ont.	1973(1)
COUNCIL ON PUBLIC HEALTH AND PREVENTIVE DENTISTRY.....	Dr. C. H. McCormick, Winnipeg, Man.	1973(2)
CHAIRMAN OF THE BOARD	P. S. Christie, Halifax, N.S.	
NOMINATIONS COMMITTEE	Dr. Henri Brouillet, Montreal, Que.	1973(1)

APPENDIX A

ELECTED OFFICERS, OFFICIALS, COUNCILS 1970-71

PresidentW. J. Spence, Toronto
 President-electL. Bernier, Quebec
 Immediate Past President.H. R. MacLean, Edmonton
 Chairman of the Board ...P. S. Christie, Halifax

NOMINATIONS

COUNCILS

Executive	W. J. Spence, Toronto, Chairman	
	H. R. MacLean, Edmonton	
	L. Bernier, Quebec	
	J. E. Abra, Winnipeg	1972(1)*
	L. E. English, Kamloops	1972(1)
	D. K. Peters, St. John's	1972(1)
	H. M. Jolley, Toronto	1972(1)
+Auxiliary Services.....	E. F. Allison, Calgary, Chairman	1973(2)
	F. T. Wihak, Regina	1971(1)
	W. V. Grenkow, Winnipeg	1973(1)
	N. L. Simon, Hamilton	1972(1)
	S. Silver, Montreal	1972(1)
	D. C. Hatheway, Nashwaaksis	1971(1)
	W. B. Coleman, Armdale, Halifax	1973(2)
	R. G. Romcke, Charlottetown++	
	W. H. J. O'Driscoll, St. John's	1972(2)
Communications.....	K. I. Levinson, Toronto, Chairman	1972(2)
	W. J. Spence, Toronto	1972(1)
	J. A. Davison, Scarborough	1971(1)
	L. Bossé, Dorval	1973(2)
	Adélar LeBlanc, Valois	1972(1)
	J. R. Glenny, Toronto	1971(2)
	I. Hrabowsky, St. Catharines	1973(1)
Constitution and By-laws.	Remy Langlois, Quebec, Chairman	1972(2)
	J. P. Coupland, Ottawa	1971(1)
	W. P. Munsie, Vancouver	1972(1)
	H. Brouillet, Montreal	1973(1)
Dental Services	P. E. Currie, London, Chairman	1972(2)
	D. G. Hall, South Burnaby	1973(1)
	R. G. Dickson, Drumheller	1973(2)
	C. G. Halliday, Saskatoon	1971(1)
	W. W. Shortill, Winnipeg	1972(2)
	H. Hamel, Quebec	1971(1)
	C. B. Allaby, Moncton	1971(1)
	D. A. Eisner, Halifax	1973(2)
	H. C. Stewart, Kensington++	
	K. F. Walsh, St. John's	1973(1)
Education	K. J. Paynter, Saskatoon, Chairman	1973(2)
	W. J. Dunn, London	1972(2)
	M. J. Cipton, Moncton	1971(1)
	N. Diefenbacher, Kitchener	1973(1)
	L. G. Mandin, St. Paul	1973(1)
	M.J.T. Dohan, Victoria	1972(1)
	W. F. Hancock, Fort Qu'Appelle	1973(1)
	J. E. Speck, Toronto	1972(1)
	G. E. Decker, Edmonton	1973(1)

* First term of office, expiring 1972.

+ Member from B.C. to be named and appointed .

++ Appointed by President until annual meeting 1971.

NOMINATIONS

Ethics.....	R. M. Le Blanc, Montreal, Chairman	1973(2)
	J. M. Darcy, St. John's	1972(2)
	G. E. Decker, Edmonton	1971(1)
	W. K. Martin, Regina	1973(2)
	K. F. Pownall, Toronto	1971(1)
Headquarters Property ...	J. Kreutzer, Toronto, Chairman	1971(2)
	R. A. Clappison, Toronto	1972(2)
	C. E. Purdy, Toronto	1973(1)
Hospital Services.....	A. E. Swanson, Vancouver, Chairman	1971(2)
	P. T. Smylski, Toronto	1971(2)
	K. C. Bentley, Montreal	1972(1)
	L. J. Frost, Ottawa	1971(1)
	A. J. Harris, London	1972(2)
	G. K. Hurd, Kitchener	1972(1)
Insurance and Investment.	D. C. Way, London, Chairman	1974(1)*
	C. L. Moran, Montreal	1973(1)
	R. A. Hugill, Toronto	1974(1)
	R. Rasmussen, Calgary	1973(1)
	E. Rollaston, Toronto	1972(1)
	D. C. Steeves, Moncton	1973(1)
	O. F. Wright, Vancouver	1974(1)
Legislation.....	M. M. Derrick, Ottawa, Chairman	1972(2)
	K. F. Pallett, Ottawa	1971(1)
	H. C. Bugden, Ottawa	1973(1)
Nominations	L. Bernier, Quebec, Chairman	
	R. O. Brett, Regina	1972(1)
	J. P. Coupland, Ottawa	1971(1)
	H. Brouillet, Montreal	1973(1)
Research	L. E. Francis, Montreal, Chairman	1972(2)
	A. P. Angelopoulos, Halifax	1972(1)
	R. C. Burgess, Toronto	1971(1)
	J. F. Cleall, Winnipeg	1971(2)
	A. Demirjian, Montreal	1971(2)
	H. H. Dick, Edmonton	1972(1)
	M. C. Johnston, Potomac (USA)	1971(2)
	E. Kaellis, Saskatoon	1971(1)
	Z. Kasloff, Winnipeg	1972(2)
	C.S.C. Lear, Vancouver	1971(1)
	D. S. Moore, London	1972(2)
	H. G. Poyton, Toronto	1971(2)
	N. R. Thomas, Edmonton	1972(1)
Public Health and Preventive Dentistry	K. W. Davey, Toronto	1971(2)
	S. G. Geldart, Edmonton	1972(1)
	Yves Lafleur, St-Hyacinthe	1971(2)
	N. J. Layton, Truro	1972(2)
	C. H. McCormick, Winnipeg	1973(2)

*See 1969 Trans.68,4(b)

ORAL SURGERY S.

EXECUTIVE: Peter Smylski, President, Toronto; Eric Millar, President-elect, Montreal; Simon Weinberg, Secretary-Treasurer, Toronto.

R E P O R T

(Note: This report covers a period of eight months, beginning with the annual meeting of the Canadian Society of Oral Surgeons held in Montreal from August 7 to August 9, 1969 and ending in March, 1970, one month prior to the annual meeting of our society which will be conducted just prior to the joint meeting of the Canadian and Great Lakes Societies of Oral Surgeons in Toronto, from April 26 to 28, 1970.)

1969 ANNUAL MEETING

1. The 16th Annual Meeting of the Canadian Society of Oral Surgeons was held in the Chateau Champlain Hotel, Montreal, Quebec, on August 7, 1969.
2. There were five new applications for membership to be evaluated and since no new applicants were present at the meeting, they will be asked to attend the next annual meeting of the Society in Toronto in April, 1970, in order to fulfill the membership requirements of the Society and be presented to the general membership of the Canadian Society of Oral Surgeons.
3. The reports of the Membership Committee, Nominating Committee, Public Information Committee, Continuing Education Committee, Hospital Services Committee and Dental Services Committee were presented and adopted.

HOSPITAL SERVICES COMMITTEE

4. In January, 1969 a two-day teaching conference was held on the role of the teaching hospital in dental education. As a result of this meeting, a brief was drawn up by the Hospital Services Committee of the Canadian Society of Oral Surgeons that was forwarded to the Council on Education of the Canadian Dental Association.
5. The wording of the statement, article 2, page 15, of the Standards for Accreditation of Canadian Hospitals, January 1963, states that "Patients admitted for dental care shall be 'admitted conjointly' by a dentist on the dental staff of the hospital and a physician on the medical staff of the hospital." Because it was felt that the words 'admitted conjointly' could be interpreted in different ways and therefore prove very restricting in some areas, the statement was changed to read, "Patients admitted for dental care shall be admitted by a dentist on the dental staff of the hospital, and a physician on the medical staff of the hospital shall be responsible for the admission history and physical examination and the general medical care of the patient." This modified statement will be forwarded to the Hospital Services Committee of the Canadian Dental Association.
6. It was noted that hospitals in some provinces have no dental privileges spelled out for their dental staff. It was felt that a worthwhile project for the future would be to compose an inclusive brochure detailing the hospital privileges that shall be extended to a dentist on the hospital dental staff and that this brochure be distributed to all Canadian hospitals with dental departments for perusal by their credential committees.

DENTAL SERVICES COMMITTEE

7. The following recommendations were submitted by the Dental Services Committee and approved by the 1969 Annual Meeting:

- (1) That a standardization of surgical procedures be attempted, to include a relative value fee schedule and that this schedule be made available to all interested provincial groups and oral surgeons. This schedule should be made up of the most complete and best features of the American Society of Oral Surgeons' fee schedule and provincial schedules.
- (2) A full survey should be conducted to look into the need for changing the wording of the Medicare Act to allow for dental surgery coverage when performed "outside of hospital" as well as in hospital.
- (3) A survey of the problems of the general practitioner providing dental surgical coverage both in and out of hospital should be made and reviewed.

The issue raised in paragraph 7 of the report is recommended for consideration by the Dental Services Council of the CDA.

TREASURER'S REPORT

8. The financial report presented by the Secretary-Treasurer showed total assets of \$4,217.31, as of February 18, 1970.

JOINT MEETING OF CANADIAN AND
AMERICAN SOCIETIES OF ORAL SURGEONS

9. A joint meeting of the Canadian Society of Oral Surgeons and the American Society of Oral Surgeons was held in Montreal from August 7 to 9, 1969. Although the attendance of the American Society members was less than expected, the meeting was, nevertheless, scientifically fruitful and socially successful.
10. A unique and very well received feature of the scientific program was a computer-tabulated "Clinical Pathological Conference" held at the University of Montreal. Those present felt that such a computer-oriented scientific session has much merit and should be seriously considered for future meetings.
11. Special honours were bestowed upon Drs. Fred A. Henny, Past-President of the International Association of Oral Surgeons and James A. Hayward, President of the American Society of Oral Surgeons, for their outstanding contribution to oral surgery.

1970 ANNUAL MEETING

12. The Canadian Society of Oral Surgeons will hold its 1970 Annual Meeting jointly with the Great Lakes Society of Oral Surgeons at the Royal York Hotel in Toronto from April 25 to April 28, 1970. The headline lecturer will be Mr. Normal L. Rowe, Consultant Oral Surgeon, Queen Mary's Hospital, London, England. A large turnout of both societies is expected to hear this outstanding clinician.

ORAL SURGERY S.

1971 ANNUAL MEETING

13. The 1971 Annual Meeting of the Canadian Society of Oral Surgeons will be held in conjunction with the annual convention of the Canadian Dental Association in Ottawa, Ontario, in September, 1971.

INTERNATIONAL ASSOCIATION OF ORAL SURGEONS

14. The Canadian Society of Oral Surgeons is now an official component of the International Association of Oral Surgeons and, as such, a representative of our Society will be appointed to attend the third conference of the International Association of Oral Surgeons to be held in Amsterdam in May, 1971. It is hoped that scientific presentations will be made at this conference by some members of the Canadian Society of Oral Surgeons.

HONORARY MEMBERSHIP

15. Dr. Douglas Tanner was elected to honorary membership in the Canadian Society of Oral Surgeons.
16. Our total membership now consists of four honorary and seventy-nine active members.

The Section is commended for its active program.

EXECUTIVE: W. F. Campbell, President, Winnipeg; M. M. Derrick, President-elect, Ottawa; J. L. Bertrand, Vice-President, Montreal; Joseph J. Schachter, Secretary-Treasurer, Saskatoon.

R E P O R T

1969 ANNUAL MEETING

1. The 1969 annual meeting of the Canadian Association of Orthodontists was held in the Chateau Champlain, Montreal, July 9-11.
2. The members unanimously passed hearty votes of congratulations to the members who had been elevated to the Executive Council of the CDA.
3. Eight new members were elected to membership. Our total membership is now 176.
4. The name of the section was changed to Canadian Association of Orthodontists.
5. The constitution was amended to read:

"Ten per cent of the total active membership shall constitute a quorum."

NOTICE OF MOTION

6. Notice of motion was given to adopt a revised constitution at the annual meeting in Winnipeg July, 1970. This constitution has been circulated to members of the Association.

MEETING IN WINNIPEG

7. The five regional components of the Association have been invited to send a representative to this meeting. They will meet with the executive as a Board of Directors. It is hoped that this initial meeting will weld our components into a more cohesive body.

FUTURE MEETINGS

8. Considerable discussion took place in Montreal as to our future meetings. A Locations Committee was authorized to determine the wishes of the Association and the feasibility of changes in the venue of the annual meeting and scientific sessions.

The Orthodontic Section is commended on its year's activities.

The Board takes particular note of:

- (1) *The Section is studying ways and means of obtaining a larger representation of orthodontists at our annual meetings.*
- (2) *A revised constitution will be presented to CDA for approval in 1971.*

PAEDODONTIC S.

EXECUTIVE: A. W. S. Wood, President; W. H. Feasby, Past President; N. Levine Vice-President; R. S. Margolis, Secretary-Treasurer.

R E P O R T

1. The Canadian Society of Dentistry for Children and the Canadian Academy of Paedodontics sponsored a two day meeting in Montreal on Wednesday and Thursday, July 9-10, 1969. The sessions were open to all convention delegates.
2. Dr. Georges Perreault arranged an interesting program, which featured Drs. T.C. Levitas, Georges Perreault, G. E. Albert, L. Abelardo and V. Legault.
3. The annual business meeting elected the following executive officers: A.W.S. Wood, President; W. H. Feasby, Past President; N. Levine, Vice-President; R.S. Margolis, Secretary-Treasurer.
4. The executive appointed W. J. Simpson, Edmonton, Paedodontic Chairman for the annual meeting in Winnipeg in 1970 and Dr. W. H. Feasby, London and Dr. R. L. Scott, Brantford, Paedodontic Chairmen for the annual meeting in Ottawa, 1971.
5. The constitution was amended to include the new specialists in paedodontics from Alberta.

Paragraph 5 reports on an amendment to the constitution of the Canadian Academy of Paedodontics. The Board of Governors, during its 1969 annual meeting agreed with the transfer of section status from the Canadian Society of Dentistry for Children to the Canadian Academy of Paedodontics (Report, Dentistry for Children, paragraph 9). The constitution of the Canadian Academy of Paedodontics, however, has not yet been submitted to the Board of Governors through the Council on Constitution and By-laws as required by the Constitution and By-laws of the Canadian Dental Association.

Resolved that the Canadian Academy of Paedodontics be requested to submit its current Constitution and By-laws to the Council on Constitution and By-laws in sufficient time to permit the Board of Governors to act on this subject at its 1971 annual meeting.

Adopted.

6. The brochure on the Profile of Paedodontics was accepted.

Paragraph 6 is insufficiently explanatory.

Moved that paragraph 6 be augmented by the following statement:

In view of the fact that one-third of our population are children and that there is an increasing emphasis on the dental problems of children, it was agreed that there must be adequate curriculum time to produce clinicians who can deal effectively with the dental problems found in children. The profile was described under seven headings:

- (a) Management of behaviour.*
- (b) Restorative and prosthodontic procedures for the dentitions*

involved.

- (c) Knowledge of and skill in the manipulation of dental materials.*
- (d) Anaesthesia, extractions, and minor oral surgery.*
- (e) Root surgery and therapy for teeth with involved pulps.*
- (f) Problems of growth, development and health during childhood.*
- (g) Dental health guidance.*

Adopted.

7. A preliminary report was submitted on what would constitute acceptable standards for graduate and postgraduate training in paedodontics.
8. It was agreed by mutual consent of the Canadian Society of Dentistry for Children and the Canadian Academy of Paedodontics that this Academy represent Dentistry for Children Section of the Canadian Dental Association.
9. This Academy wishes to thank the Canadian Society of Dentistry for Children and the Canadian Dental Association for their financial assistance for the 1969 program.

PERIODONTICS S.

EXECUTIVE : S. Golden, President, Toronto; J. Speck, President-elect, Toronto;
D. Stewart, Secretary-Treasurer, Peterborough.

R E P O R T

ANNUAL MEETINGS

1. The 1969 annual meeting of the Canadian Academy of Periodontology was held in Montreal, Quebec on July 8 and 9 in conjunction with the annual meeting of the Canadian Dental Association.
2. The 1970 meeting of the Canadian Academy of Periodontology will be held in Montreal, Quebec September 16, 17, 18 and 19. This meeting will be a joint meeting with the American Academy of Periodontology. The Canadian Academy of Periodontology considers this assignment to host this important meeting as a signal honour.
3. The 1971 meeting will be held in Ottawa in conjunction with the annual Canadian Dental Association meeting.

MEMBERSHIP

4. The Academy membership at present consists of 2 honorary, 61 active and 31 associate members. In 1970 there will be 5 more active and 6 more associate members added to the roster.

HIGHLIGHTS 1969-70

5. NOMENCLATURE - The Canadian Academy of Periodontology has adopted the American Academy of Periodontology terminology. A letter to this effect along with the AAP booklet on terminology has been sent to all Canadian dental faculties. The Department of Periodontology at the University of Toronto is now teaching the new terminology.
6. PROFESSIONAL AND PUBLIC RELATIONS -
 - a) The Academy has designed and adopted an official crest.
 - b) The Academy will award a medical dictionary to the student in each Canadian university who attains the highest standing in periodontics in the final year.
 - c) The Academy is planning a Periodontal Disease Detection Centre which will be in operation at the 1971 CDA meeting in Ottawa.
 - d) The Academy has published its first biannual News Bulletin.

REGIONAL ORGANIZATIONS

7. The Academy has been asked to continue its active participation in the Federation of Regional Organizations of the American Academy of Periodontology.

BY-LAW AMENDMENTS

8. Chapter III, Section 4 of this Academy's by-laws relating to nominations, as follows: "Nominations and Elections: Elective Officers shall be nominated from the floor at the first business meeting of the annual session, and election shall be by ballot"

has been changed to:

Immediately following the election of new officers at the Annual Meeting, a nomination committee shall be established. This committee shall consist of the outgoing president and two (2) active members present at the meeting (but not members of the proposed incoming executive), who shall be elected from the floor.

This committee shall prepare and submit to the secretary a proposed slate of officers for the coming year. This list must be mailed to all active members of the Academy at least sixty (60) days prior to the Annual Meeting.

Nominations from the floor at the Annual Meeting will be accepted and elections held by closed ballot. In the event of absence of additional nominations for one or more offices, the names of the nominated members submitted by the committee shall stand elected, by sole vote of the secretary.

9. This change is respectfully submitted by the committee on Constitution and By-laws of the Canadian Academy of Periodontology.

Resolved:

That the Board of Governors approve the proposed amendments to the by-laws of the Canadian Academy of Periodontology as stated above.

Adopted.

H. R. MacLEAN

R E P O R T

1. It is a distinct pleasure to welcome you to Winnipeg for the 69th annual meeting of the Board of Governors of the Canadian Dental Association.
2. I sincerely hope that the discussions and action taken at this meeting will be such as to insure the well being of the Association and strengthen it and our profession for many years to come.

LOCATION

3. May I next direct your attention to the fact that this meeting is being held at the time when the Province of Manitoba is celebrating its Centennial Year. We offer our congratulations and best wishes for the future of this great province.

CONVENTION COMMITTEE

4. When the President does not reside in the area or province of the convention, there is a great deal of work done for him by local committees. I wish to sincerely thank Dr. and Mrs. Abra and Dr. and Mrs. Beattie and all the members of committees who worked so hard to make this meeting successful.

BOARD OF GOVERNORS

5. Changes in the personnel of the Board have occurred. I would like to express my thanks and appreciation to those who have retired and to welcome those who are on the Board for the first time.

COUNCILS AND COMMITTEES

6. A great amount of work of the Association is performed by the councils and committees. To the chairmen and members of these bodies, to the headquarters staff and all others who worked for the success of the Association, I would like to express my sincere thanks.

Re paragraphs 4, 5, and 6. The Board wishes to endorse the expressions of appreciation recorded by the President.

VISITATIONS

7. The utmost cordiality and hospitality were accorded on all visitations. The Executive Director was able to accept the invitations to accompany the President on all but four occasions. The profession expects the Executive Director and wishes to hear from him personally on current operations and wishes to direct many questions to him. The office staff at headquarters should have sufficient depth to permit the Executive Director to visit the corporate bodies. Whatever

the title, an assistant capable of operating at this level must be provided. Due to conflicting dates three invitations had to be declined. Within the first month of a president's term, it would be useful to have an itinerary established through consultation with provincial secretaries. It was necessary to decline invitations to international meetings such as the British Dental Association, Australia, Mexico, South America. An effort was made to find representatives to attend the British and Australian meetings. A detail of visitations appears in Appendix A.

HEADQUARTERS AND HEADQUARTERS STAFF

8. In view of the increasing involvement with the federal government in health affairs, the many changes that will occur in our profession's relationship with governments, with socio-economic groups and with the public, and because the internal administration of our affairs is becoming more involved, I would urge that careful consideration should be given to a review of the location of the headquarters to facilitate an optimum operation and further to a review of the structure and organization of the headquarters staff, its numbers, areas of responsibilities and costing. The present staff and building facility are completely inadequate. It appears urgent that the central office now be relocated so that the image of the Association and its identification of leadership will be enhanced as it becomes visible to those agencies and organizations which have new interests in dentistry, such as government, labor, national associations of education, research and industry, all of which are becoming more involved with the delivery of health care. Far too often dentistry is left out of planning simply because it does not seem to be around at the time and place where concepts and programs are initiated. We need to be located where there can be daily communication with these agencies and organizations. There will be more change in the concept of health care in the next ten years than in the past fifty. Today the name of the game is "change" and the words are "decision" and "action" and we must be where the action is and participating wholeheartedly in these decisions affecting the changes that will occur in our profession. Recognizing that a move must be made, I have proposed that relocation in the national capital - Ottawa - be considered. A survey of provincial bodies shows a majority in favour of this proposal.
9. Related to headquarters operations, few areas receive as little attention from the profession as economic research, yet few are more important. Questionnaires are irritating and the last response to a national survey was 33 per cent which was a drop of 11 per cent from the previous survey. It is also expensive to analyse and compile into meaningful tables the results of these surveys. The number of requests made to the Bureau for factual information on all aspects of the practice of dentistry from provincial and federal governments and their agencies, from the news media, from dental organizations and individual dentists continues to mount at an alarming rate.

STUDENT MEMBERSHIP

10. A dental undergraduate particularly during his final two years has established dentistry as his profession. He has invested time, energy and money in his choice of career. He should be accepted into our governing organizations, not for the purpose of exerting pressures or giving directives but in order to familiarize himself with our organization and operation. He will thus avoid an expensive period of nonparticipation during his early years in practice.

PRESIDENT

He will be a better professional man because of this communication. I would suggest, therefore, a non-voting student member be recognized on the Board of Governors.

NATIONAL HEALTH MANPOWER CONFERENCE - OCTOBER 7-9, 1969

11. This conference was organized by the Department of National Health and Welfare and the Association of Universities and Colleges of Canada. Over eighty participants gave a broad representation to all areas concerned with the delivery of health care to this nation. A portion of the summary stated that compared to other countries, Canada is not receiving full value for its health dollar. The uneconomical use of highly trained professionals to perform simple tasks was noted. Only by successful demonstrations of the ability of less costly health workers to perform services previously done by highly trained individuals would we break down the resistance to change which is apparently inherent in our health professions. I would like to thank Dean W. J. Dunn for representing the Canadian Dental Association at this conference.

NATIONAL CONFERENCE ON PRICE STABILITY - FEBRUARY 9-10, 1970

12. The Canadian Dental Association was invited to this conference together with leaders of business, agriculture and other professions. A statement relative to professional groups recognized the problem and an agreement was made to participate in a broad program of price restraint by recommending to provincial bodies that fee increases and schedules be kept well within the increases brought about by rising office expenses during the remainder of 1970. I would here like to thank Dr. W. J. Spence and Dr. W. G. McIntosh for representing the Canadian Dental Association at this meeting.

AMERICAN DENTAL ASSOCIATION - FEDERATION DENTAIRE INTERNATIONALE MEETING

13. Your President was accorded the privilege of conveying greetings from the Canadian Dental Association to the joint meeting of the American Dental Association - Federation Dentaire Internationale in the historic ballroom of the Waldorf in New York City. Both the Executive Director and I were extended invitations to the Board of Trustees meetings of the American Dental Association where again I was happy to bring greetings from our Board of Governors.

GENERAL STATEMENT

14. In my presentation during the past year, I have emphasized why we need a strong national organization. During the same year, I had an opportunity to listen to several outstanding addresses by leaders in world health. The common theme coming through and the subject in which apparently all are concerned is the "Delivery of Health Care," concern that has an urgency marker attached due to the rapidity of change in our time. Changes beyond our control will never again move at a leisurely pace. Those under our control cannot be dealt with in a leisurely manner. We cannot afford loss of time or opportunity to move into areas of responsibility and planning. Professional organizations must place emphasis on health care or nonprofessionals will pay attention to the mandates of the people and arrange for the delivery of health service optimum to themselves.
15. We must attempt to find ways of delivery of service at a cost the public can afford. I believe we need at every level of government to let government know

that dentistry wants to be involved. We need much closer liaison with existing offices of health and any new national health councils that will be established. One of these may well be the offices through which a national dental health care plan in whole or part will be proposed. I am sure considerable amount of planning has already been done in this area and that a certain amount of statistical evidence has already been compiled. Is the Canadian Dental Association adequately informed or has it been adequately consulted? Does the Canadian Dental Association have parallel figures and statistics gathered from the profession?

16. To any general practitioner who has attempted to render dental service in a hospital area this past year, I extend my sympathetic understanding knowing that he has made his donation to charity. Dentistry is the only health service known to me that remains without third party financial support in a hospital. No longer can we expect any hospitalized patient or one in an out-patient department to entertain any concern about fees or payment of accounts. The whole situation is a complete enigma as far as dentistry is concerned. Some study must be made in an effort to place hospital dental service on an acceptable basis with other health care in hospitals.
17. An invitation was accepted to attend the First International Congress on Group Medicine. This meeting was held in Winnipeg and attended by 900 delegates representing almost all countries of the world. Preliminary studies demonstrate that health services can be delivered more effectively and at less cost through group practice. Advantages to the doctor include an environment that is professionally stimulating, peer review that encourages best effort, opportunity for continued education, better records and organization and more efficient delivery of care. This can and should be applied to dentistry either in integrated clinics or in a dental group organization. Assurance has been given that dentistry would be represented and included at the next International Congress.
18. Recognizing that matters concerning our provincial organizations are currently demanding considerable attention, it is still essential that we become more representative and more effectively organized nationally. We must recognize the responsibilities of the Canadian Dental Association and its essentiality in guiding national policies. We must be ready to contribute financially to assure that this is as efficient an organization as possible. In the future we may find it more desirable to change our method of membership and our internal structure. This is now under study. In my presentations to the profession during the past year I stated that in the 70's we must be organized at both provincial and national levels to intelligently discuss when necessary matters relating to proposals such as are implied in the report of the "Inquiry into Civil Rights" established by the Government of Ontario (McRuer Commission Report), the Ontario Health Planning Council and the Committee on the Healing Arts. These three reports have now been published. Other provinces could follow with similar recommendations. All health professions find themselves in the spotlight of review and assessment. The Canadian Dental Association cannot be less than the strongest organization speaking for dentistry. Dentistry can afford this - we cannot afford a secondary position.

RECOMMENDATIONS

19. Specific recommendations traditionally have not been advanced in the President's Report. On this occasion, however, I am proposing for your consideration and action the following:
 1. An Assistant to the Executive Director be appointed.

PRESIDENT

2. An itinerary for Presidential-Executive Director visitations be scheduled as early as possible following the annual meeting.
3. A special committee review the structure and organization of the headquarters' staff.
4. A special committee make a site optimization study on the location of headquarters.
5. The Bureau of Economic Research be given greater support in the future.
6. A non-voting student member be added to the Board of Governors.
7. A study of the economic factors affecting hospital dental service be made.
8. Recognizing that it is inefficient and poor practice to operate through deficit budgeting - some recognition and utilization of projected planning be made.

The recommendations in paragraph 19 are being considered in other reports where appropriate action will be taken.

The Board anxiously awaits the report of the 1968 Survey of Dental Practice in Canada.

The Board wishes to express to President MacLean and to Mrs. MacLean its sincere thanks for their untiring efforts on behalf of the Association during the past year.

APPENDIX A

VISITATIONS

July 20-22	Chicago	ADA-CDA Joint Meeting
September 5-6	North Bay	Northern Ontario Dental Association
September 14-17	Summerside, PEI	Atlantic Provinces Convention
September 18-20	St. John's	Newfoundland Dental Association
September 23-24	Quebec City	Association of Canadian Faculties of Dentistry
October 8-9	New York	Board of Trustees ADA
October 10-11	New York	FDI
October 12-16	New York	ADA
October 31-		
November 1	Toronto	Special Meeting Board of Governors
November 3	Montreal	Montreal Fall Clinic
November 21-22	Toronto	First CDA Students' Conference
November 24-27	Toronto	Executive Council
November 27	Toronto	Academy of Dentistry
November 28-29	Toronto	Ontario Dental Association
January 6, 1970	Edmonton	Edmonton and District Dental Society
January 23-24	Winnipeg	Manitoba Dental Association
January 23	Winnipeg	Faculty of Dentistry, University of Manitoba
February 2	Calgary	Calgary and District Dental Society

PRESIDENT

February 15-17	Quebec City	La Société Dentaire de Québec
February 18-19	Toronto	Council on Education
February 20	Sudbury	Sudbury Dental Society
February 23-25	Toronto	Executive Council
April 7-8	Chicago	Seventh National Dental Auxiliary Utilization Conference
April 9	Hamilton	Hamilton Academy of Dentistry
April 24-25	Moose Jaw	Saskatchewan College of Dental Surgeons
April 26-30	Winnipeg	First International Congress on Group Medicine
May 21	Red Deer	Alberta Dental Association
May 22	Vancouver	College of Dental Surgeons of British Columbia

PROSTHODONTIC S.

EXECUTIVE: D. Kepron, Montreal, President; H. A. Crowson, Ottawa, President-elect; J. Fiset, Montreal, Vice-President; W. G. Woods, Toronto, Secretary Treasurer.

R E P O R T

1969 ANNUAL MEETING

1. The annual meeting of the Academy was held at the University of Montreal on July 7 and 8 as a combined meeting with the Academy of Restorative Dentistry.

MEMBERSHIP

2. 101 active members. 16 associate members.

CANADIAN FUND FOR DENTAL EDUCATION

3. A donation of \$750 was made to the Canadian Fund for Dental Education.

GUIDELINES FOR THE ADVANCED STUDIES IN PROSTHODONTICS

4. Reprints of this document are obtainable from
Dr. W. G. Woods
Secretary Treasurer
Suite 1125
123 Edward Street
Toronto 101, Ontario

SEMI-ANNUAL MEETING

5. A successful scientific meeting was held in Montreal Queen Elizabeth Hotel November 2.

OFFICERS

6. The following were elected officers for 1969-70:

D. Kepron, President
H. A. Crowson, President-elect
J. Fiset, Vice-President
W. G. Woods, Secretary-Treasurer
A. D. Fee, Past President
Jean Nadeau, Past President

At large: D. V. Chaytor
R. C. McClelland
M. E. Lucyk
G. A. Zarb
H. W. Hart
K. M. Kerr

NECROLOGY COMMITTEE REPORT

7. The Academy noted with regret the passing of two valued members, Dr. O. Frederick of Montreal and Dr. A. R. Poag of Hamilton and our revered solicitor and friend, Mr. Gordon Watson. A donation to the Canadian Fund for Dental Education was made as a memorial to these gentlemen.

LIAISON WITH CANADIAN ACADEMY OF RESTORATIVE DENTISTRY

8. A committee has been proposed by the Canadian Academy of Prosthodontics comprised of three members from the Canadian Academy of Restorative Dentistry and three members from the Canadian Academy of Prosthodontics to continue in maintaining the best possible relationship between the two Academies. With reference to this the Canadian Academy of Prosthodontics is preparing a statement which it hopes to present to the Canadian Dental Association in the near future.

The Academy is commended for its activity during the year and particularly for its generous support of the CFDE.

PUBLIC HEALTH C.

MEMBERS: K. W. Davey, Chairman, Toronto; S. G. Geldart, Edmonton; Yves Lafleur, St-Hyacinthe; N. J. Layton, Truro; C. H. McCormick, Winnipeg.

R E P O R T

1. The Council on Public Health met at the CDA headquarters on March 16 and 17, 1970. The following persons attended the meeting: Council members Drs. K.W. Davey, Y. Lafleur, N.J. Layton, C.H. McCormick and members of the CDA executive staff. Dr. W.C. King, Director of Dental Health, Nova Scotia Department of Health, also attended the two day meeting. Mr. R. Argyle of Carleton Cowan Public Relations and Dr. W. Tester attended as consultants on March 16 and Dr. R. E. Feasby, Senior Consultant Public Health Dentistry, Province of Ontario and K. F. Pownall, Secretary of Ontario Dental Association, attended by invitation on March 17. Messrs. B. Chapple and R. Bell, dental students, University of Toronto, were invited for part of the meeting on March 17.

GERIATRIC DENTISTRY

2. The directives as outlined in the *Transactions* (1969 *Trans*: 114-5) have been brought to the attention of the Department of National Health and Welfare, the dental faculties and corporate members. The council is disappointed that little action has resulted from these directives.

PUBLICATIONS

3. Production of pamphlets has begun using the new style of format for CDA pamphlets as recommended by the Communications Committee. A new pamphlet on endodontics and the pamphlet originally produced by the Ontario Dental Association and retitled *Dental X-rays Show Hidden Dangers*, have been produced in the new format in English and French.
4. The Ontario Red Cross dental booklet will be included in the Canadian Dental Association's price list with a notation that it is available from the Junior Red Cross at cost.
5. It was decided last year (1969 *Trans*: 115) to include five pamphlets produced by the American Dental Association in the "List of films, pamphlets and professional aids" and distributed by the Canadian Dental Association. In view of the new format for pamphlets as adopted by the Canadian Dental Association the council agreed,
 - (1) That Mr. Bowen, in consultation with the Chairman of the Council on Public Health, investigate the possibility of reproducing four ADA pamphlets in the format of the CDA pamphlets, and
 - (2) That they (Mr. Bowen and Chairman of the Council on Public Health) authorize reproduction of these pamphlets in accordance with the outcome of this investigation.
6. Pursuant to Board directive (1969 *Trans*: 116-7) the professional assistance of Carleton Cowan Public Relations has been obtained to assist in the development of new CDA publications.
7. Dean J. P. Lussier of the University of Montreal has consented to check the English translations into French for proper presentation, at no cost.

CANADIAN WEEKLY NEWSPAPER ASSOCIATION

8. The Board of Governors authorized the Council on Public Health to disseminate short informative articles on dental health to Canadian newspapers under the by-line of the Canadian Dental Association (1969 *Trans*: 116). The Council on Public Health recommended to the Communications Committee that these articles for weekly newspapers be initiated on the following basis:
 - (1) The 48 articles submitted by members of the Council be reviewed and amended as required by Carleton Cowan.
 - (2) Carleton Cowan on behalf of CDA survey the Canadian weeklies (approximately 600) providing them with samples of articles and offering to provide additional free articles on a regular basis to interested papers.
 - (3) The above articles to carry the by-line of the Canadian Dental Association.
 - (4) An estimated cost to CDA would be \$150 for the initial survey of the 600 papers plus \$40 a month for duplication and mailing articles to interested papers.
 - (5) The program be reviewed in 6 months and decision made at that time as to its worth and continuance.

At the time of writing this report 79 weekly Canadian newspapers had asked for the dental column.

Since the report was prepared the number of weeklies that have asked for the dental columns on a regular basis has increased from 79 to 87. In addition 18 more have turned out one or more of our April releases without as yet confirmations for future releases. It is gratifying to note that to date a total of 105 weeklies have shown an interest in dental columns.

NEWSPAPER COLUMN

9. In addition to the short informative articles as described in paragraph 8, the council proposes that a professional writer be engaged to produce a newspaper column on dentistry on a regular basis and designed for daily or weekly newspapers. Council has obtained a writer who is a dentist with experience in this area who is willing to participate in this type of program. Therefore, council seeks Board approval of the following resolution:

Resolved:

- (1) That the chairman of the council investigate the cost of engaging a professional writer to prepare 26 articles on dentistry for publication under a dental pseudonym and be offered on a syndicated no cost basis to daily newspapers, and
- (2) That the chairman estimate the cost of the daily newspaper weekly syndicated column and present it to the Board of Governors for consideration and hopefully inclusion in the Association's budget for 1970 and 1971, and
- (3) That with Board approval the articles be prepared and ready for distribution on a regular basis commencing October, 1970.

PUBLIC HEALTH C.

The Board notes that some action has already been taken on section (1) of the resolution and proposes a substitute resolution for sections (1), (2) and (3):

Resolved:

That the chairman estimate the cost of the daily newspaper weekly syndicated column and present it for consideration and hopefully inclusion in the Association's budget for 1971.

Adopted.

10. Further to the above resolution, the chairman would also like to report that it is the opinion of himself and the author that the articles should be prepared for a twelve-month period and not a six-month period as would be interpreted from part (1) of the above resolution where mention of the 26 articles is made. Cost for writing a weekly newspaper column for 12 months would be approximately \$1,600.

RADIO

11. The council will select pertinent information from newspaper articles that could be presented for radio spot announcements.

FILMS

12. During 1969 approximately 16,000 people viewed various dental educational films obtained from the CDA film library.
13. Council directed that a new colour educational film of approximately 20 minutes in length be produced according to the following instructions.
 - (1) That the 1970 budgetary allotment assigned through the Bureau of Public Information for the production of a new 60-second colour film for television (\$6,500) be applied instead to the production of a coloured educational film directed toward high school audiences, and
 - (2) That the chairman be authorized to liaise with students Bell and Chapple in finalizing details of an arrangement whereby the students will produce such a film, and
 - (3) That the chairman consult with Carleton Cowan and the Association's solicitor in order to draw up a suitable agreement that will establish guidelines and limit the Association's financial and other liabilities with regard to the production and showing of the film, give CDA proper identification and secure the necessary copyright, and
 - (4) That when this agreement is properly endorsed by CDA and the official representative of the student group, the students be authorized to proceed with the production of the film.

The film is to be made during the months of May and June, 1970.

FLUORIDATION

PUBLIC HEALTH C.

14. A news release on fluoridation written by Carleton Cowan Public Relations for Health Week in Canada was sent to all daily newspapers, all weekly newspapers with circulation of 600 or more and all radio and TV stations in Canada.
15. In recognition of the 25th anniversary of communal water fluoridation in Canada, council recommended that:
 - (1) The anniversary be featured at the national convention in Winnipeg by a banner, signs, identification in the President's address, etc.
 - (2) The President of the Association write to the city council of Brantford and its local dental society congratulating them on the occasion of the anniversary.
 - (3) The Hon. Mr. Munro, Minister of National Health and Welfare be approached to make a public statement in support of fluoridation and to write a letter of commendation to the city of Brantford.
16. Council has distributed copies of a reference manual on fluoridation prepared by the Health Branch, Department of Health Services and Hospital Insurance at the request of the Department of Education of British Columbia to the Deputy Ministers of Health and Education and to the Dental Directors of other provinces.
17. Council complimented Mr. Bowen on his compilation of fluoridation statistics, *Fluoridation in Canada 1969*.

BRITISH COLUMBIA DENTAL ASSOCIATION CHALLENGE

18. There was a lack of response on the part of the corporate members to the BCDA proposal (1969 *Trans*: 117). This proposal was referred to Carleton Cowan Public Relations for their opinion. It is the opinion of Carleton Cowan that in view of the lack of interest this program should not be developed between Saskatchewan, the only province that showed some interest, and British Columbia. The two provinces involved will be contacted in this respect.

CDA DISPLAY

19. There was a display of the CDA's dental health publications at the convention in Montreal and a similar display is planned for the convention in Winnipeg. A new display rack designed to hold the new CDA pamphlets will be made available for dentists at a reasonable cost in the near future.

TERMS OF REFERENCE AND COUNCIL DESIGNATION

20. Council expressed agreement with the terms of reference and designation of the council as proposed in the current by-law revision.

PUBLIC HEALTH SURVEY 1964-1969

21. The recommendations contained in the Dental Public Health Survey reports by Drs. H.K. Brown, K. Pownall and D. Yeo are appended. The council agreed in principle with these recommendations. These recommendations are being

PUBLIC HEALTH C.

implemented to varying degrees depending on the local situation. Dr. Brown and his committee are to be commended for the completion of this extensive study and report. See Appendix A.

Paragraph 21 and Appendix A are noted with interest. Dr. Brown and his committee are commended for their study and report.

The Council on Public Health is also commended for its activities during the past year.

APPENDIX A

DENTAL PUBLIC HEALTH SURVEY - RECOMMENDATIONS

PART I - To the Dental Profession

1. That the Canadian Dental Association and each provincial dental body concerned with public health matters on behalf of the profession reappraise the terms of reference, organization and activities of its public health committee.

The primary aims of the committee should include:

- (a) Developing an effective team relationship among all dentists, whether publicly or privately employed, and all types of dental auxiliaries.
- (b) Developing good working relationships between the dental health team and other health professions and agencies, voluntary and governmental.
- (c) Planning, advising and communicating within and beyond the dental profession in relation to activities for the promotion of public health.*

2. That the Canadian Dental Association and each provincial dental association provide an annual budget adequate to enable its public health committee to carry out its duties.

3. That all public health committees define specific goals and prepare specific plans for the promotion of water fluoridation.

In each province immediate, intermediate and ultimate goals should be set and plans for the attainment of each goal be prepared and made known to the profession as soon as possible.

PART II - To the Departments of Health

1. That the health departments at the national and at the provincial level do the following:

- (1) Re-examine and re-define the relationships and the objectives of their dental public health units.

*Duties unrelated to the promotion of health, such as serving as a bargaining agent on fees for treatment should not be a task for a public health committee.

- (2) In the light of the nature of the defined relationships and objectives, re-examine and revise the resources--organization, personnel, financial.
 - (3) Ask their dental units to direct their resources to establishing programs designed to attain their objectives.
2. That the larger health departments require, for future permanent appointment to their senior dental positions, the applicable higher levels of graduate university training.
3. That increased emphasis be placed on the planning and support of dental health research by departments of health.
- In addition, it is recommended that all health research projects be screened for possible inclusion of oral health or dental care components.
4. That in matters affecting the selection, appointment, training, rating promotion and termination of employment of dentists and other technical dental personnel, the help of the senior dental officer of the department be regularly sought.
5. That consideration be given to broadening the range of opportunities and responsibilities of dentists employed as dental public health officers, basing them as much or more upon the basic medical science and public health science training of dentists as upon the application of those sciences to clinical dentistry.

RECOMMENDATIONS

1. That the undergraduate course in Public Health (Community or Social Dentistry) be kept under continuous appraisal for the purpose of educating future dentists to:
 - (1) Take full and scientific advantage of their practice opportunities to cooperate with other health professions and agencies.
 - (2) Convey health information and motivations to and through their patients, as well as directly, to families and the community.
 - (3) Recognize and fulfill their responsibilities to improve the health of the public.
 - (4) Be aware of the work and responsibilities of dentists trained and engaged in full time public health work.
 - (5) Make themselves and their office staffs effective community health teams.
 - (6) Understand their social, ethical and other professional responsibilities in providing dental services when a government agency or other "third party" is a participant in the contract.
2. That periodic surveys of the opinions of dental students, dentists and others on matters of current importance to the public and the profession be sponsored by the Canadian Dental Association and conducted by a team composed of dentists and

PUBLIC HEALTH C.

social scientists. (Three year intervals are suggested.)

Such surveys should be inter-related and used to appraise opinion changes and trends.

EXECUTIVE: C. H. McCormick, President, Winnipeg; J. M. Conchie, Secretary, Cloverdale, B.C; A. Salter, Treasurer, Edmonton.

R E P O R T

1969 ANNUAL MEETING

1. A general assembly meeting was held on July 10, 1969 at the Queen Elizabeth Hotel, Montreal in conjunction with the CDA convention.
2. Dr. J. J. Marineau, President of the Society, acted as chairman for the business session. The following important items were recognized.
3. The 1970 meeting will take place in Winnipeg, July 3, 1970.
4. The payment of an honorarium to the secretary CSPHD in order that he may attend annual meetings and hence provide continuity in dealing with affairs of the Society.
5. Seven public health dentists were nominated and accepted for active membership in the CSPHD (in accordance para. 17, section 3, Constitution and By-laws CSPHD).
6. A progress report on the application to CDA for recognition of dental public health as a specialty was read. Dr. Hunt and his committee will prepare a brief regarding acceptable postgraduate qualifications which will be made available to the membership during the ensuing year.
7. Election of Officers 1969-70

President	C. H. McCormick
President-elect	R. E. Feasby
Secretary	J. M. Conchie
Treasurer	A. Salter

Committee on Constitution and By-laws	
W. King	(3)
F. McCombie	(2)
D. Lewis	(1)

Committee Annual Scientific Session	
C. H. McCormick	
R. E. Feasby	
C. G. Shapera	

Committee on Public and Professional Relations	
T. Currie	(2)
W. King	(3)

8. There are a total of 35 members in good standing.

PUBLIC HEALTH S.

SCIENTIFIC SESSION

9. Dr. A. P. Ruderman, Professor of Health Administration at the School of Hygiene spoke on the duties of public health dentists at the federal, provincial local level.

SPECIALTY STATUS

10. In accordance with the resolution which was proposed by the Committee on Specialists and Specialization and subsequently tabled pending the completion of the study by the Aims and Objectives Conference (1969 *Trans*:134), no application has been put forward to date by this Section for specialty recognition. A committee is preparing a submission which will be placed before the Board of Governors as an application for specialty recognition in order to maintain section status as outlined under the proposed new CDA by-laws, 1970.

NEWS LETTER

11. Dr. D. W. Lewis and Dr. G. Pelletier have undertaken the production of a news letter to improve communications and narrow the distance gap existing between members of the CSPHD.

RESOLUTION

12. This report is informative and no resolutions are submitted.

The Section is commended for its work throughout the year.

MEMBERS: L. E. Francis, Chairman, Montreal; A. P. Angelopoulos, Halifax; G. H. Beaton, Toronto; R. C. Burgess, Toronto; J. F. Cleall, Winnipeg; A. Demirjian, Montreal; H. H. Dick, Edmonton; M. C. Johnston, Toronto; R. E. Jordan, London; E. Kaellis, Saskatoon; Z. Kasloff, Winnipeg; C.S.C. Lear, Vancouver; D. S. Moore, London; H. G. Poyton, Toronto; N. R. Thomas, Edmonton.

R E P O R T

1. Council met at CDA headquarters, February 12-13, 1970. Dr. R. A. Connor, Chief, Dental Health Division, Department of National Health and Welfare, attended by invitation.

FLUORIDATION

2. In order to add emphasis to council's endorsement of water fluoridation, the 1968 Statement on Fluoridation was again endorsed by council. See Appendix A.

Resolved:

That the CDA Board of Governors re-endorse the Association's policy statement on fluoridation of communal water supplies as presented in Appendix A.

Adopted.

Paragraph 2 contains the 1968 resolution reiterating the Board's endorsement of water fluoridation. The Board agrees that for continued emphasis on its stand the resolution be repeated.

3. Council adopted a resolution recommending to the Canadian Public Health Association, the Canadian Society of Public Health Dentists and the deans of Canadian faculties of dentistry, that wherever innovative oral programs of prevention are being undertaken, suitable and adequate controls for study and evaluation should be included in such programs.

CDRF RESEARCH AWARD

4. The CDRF Research Award committee reported no applications had been received for the award.
5. The committee was authorized to reconsider methods for publicizing the awards and also review the regulations governing them with a view to recommending changes that would make the awards more attractive.
6. It was noted that Executive Council approved an allocation of up to Two Hundred Dollars a year from the annual revenue of the CDRF Trust Fund to defray travel expenses incurred in having award winners attend CDA annual or other meetings in order to receive the award.

INTERNATIONAL STANDARDS ORGANIZATION

RESEARCH

7. The International Standards Organization collaborates with Federation Dentaire Internationale on setting standards for dental materials and devices. Council recommended that Canadian Dental Association seek representation on ISO/TC 106 (Dentistry) of the ISO.

In order that the public may better be served in regard to products they may use for dental health the Board submits the following resolution:

Resolved

That CDA approach the Canadian Standards Association or some other national body, to apply for active representation on ISO/TC 106 (Dentistry) and appropriate financial assistance to support this representation.

Adopted.

CANADIAN STANDARDS RE DENTAL PRODUCTS

8. Ontario Dental Association requested that National Research Council be asked to evaluate new dental products (1969 *Trans.* 120(7)). Council referred ODA's request to the Food and Drug Directorate of the Department of National Health and Welfare. Food and Drug Directorate indicated a willingness to answer enquiries or complaints about specific products.
9. Council again gratefully acknowledged the excellent references provided by the Council on Therapeutics of the American Dental Association through "Accepted Dental Remedies."
10. The chairman reported that the Association of Pharmacology and Therapeutics Teachers of Dentistry of North America (PAT) had also expressed willingness to assist in evaluation of specific dental products.

CANADIAN FUND FOR DENTAL EDUCATION

11. Mr. Murray McDonald, CFDE Executive Director, highlighted the activities of the Fund during the year, noting that the Fund had reached an all-time high in 1969, and had made 23 awards to dentists and one to a hygienist during the year.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

12. Dr. Connor reported progress in the expansion of the Public Health Research grant over the past five years. Grants amounted to \$350,000 for 13 projects in 1969.
13. Grants are for public health related projects and not for basic research.
14. DENTAL HEALTH INDEX - report on the DNHW Dental Health Index is expected in the near future. A nutritional survey has also been made of a sample of all groups of children surveyed for the index.

The Board believes the profession requires more information on projects in the area of public health. The committee chairman was advised to arrange for this with possible use of the Journal of the Canadian Dental Association for dissemination.

SURVEY OF DENTAL RESEARCH IN CANADA

15. Appendix B contains a synopsis of the results obtained from the 1969 Survey of Dental Research in Canada.
16. The University of Western Ontario was eliminated from the survey because its Faculty of Dentistry is so integrated with the Faculty of Medicine under the Health Sciences Complex that precise figures could not be obtained.

CANADIAN DENTAL RESEARCH CONFERENCE

17. Council directed the chairman to confer with Dr. J. P. Lussier, President, Association of Canadian Faculties of Dentistry, to decide responsibility for the 1970 Canadian Dental Research Conference. Decision was made in favour of ACFD being responsible for financing and organizing the 1970 meeting in Vancouver in conjunction with the annual general meeting of the ACFD.

CANADIAN COUNCIL ON ANIMAL CARE

18. It was noted that a letter from the Canadian Council on Animal Care (whose objectives are "to develop guiding principles for the care of experimental animals in Canada and to work for their effective application") had been referred to the Executive Council. The letter requested consideration of appointment of an official dental correspondent to liaise with the secretariat of the Council on Animal Care.

The Board notes that a representative has been appointed to the council in the person of Dr. A. P. Angelopoulos of Halifax.

CANADIAN DENTAL RESEARCH FOUNDATION

19. The Board of Directors of the Canadian Dental Research Foundation convened on February 13, 1970.
20. The audited financial statement for 1969 appears as Appendix C.
21. The elected officers are: Dr. L. Francis, President; Dr. G. Poyton, Executive Member; Dr. W. G. McIntosh, Secretary.

COUNCIL MEMBERSHIP

22. Council expressed hope that, when the proposed new by-laws come into effect, reduction in its membership could take place gradually as terms of office expire.

The Board agrees with the gradual reduction of its membership with adoption of the proposed new by-laws and the following resolution as proposed.

Resolved:

That in reducing the membership of the Council on Research from 15 to 10 members, the reduction will take place as terms of office of present members expire.

Adopted.

RESEARCH

The committee is commended for its work throughout the year.

APPENDIX A

STATEMENT ON FLUORIDATION

Whereas tooth decay, by affecting the vast majority of people in Canada, is one of the major public health problems of our time, and

Whereas for over a quarter of a century scientific studies under a wide variety of controlled conditions have established fluoridation as one of the most extensively studied public health procedures, and

Whereas such studies reveal that the use of fluoride in the recommended amount of one part of fluoride to one million parts of water is completely safe and is effective in reducing tooth decay by approximately two-thirds, and

Whereas fluoridation benefits children and the benefits extend into adult life, therefore be it

Resolved that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

APPENDIX B

TABLE 1
NUMBER OF RESEARCH PERSONNEL
CANADIAN DENTAL SCHOOLS
1954-1970

YEAR	SCHOOL	D.D.S. or equivalent	D.D.S. + research deg.	Research degree	Total
1954	5 Schools	10	11	9	30
1959	5 Schools	3	21	4	28
1964	6 Schools	6	41	10	57
1966	7 Schools	11	52	12	75
1968	8 Schools	21	61	13	95

TABLE 1 CONTD:

YEAR	SCHOOL	D.D.S. or equivalent	D.D.S. + research deg.	Research degree	Total
1970	Alberta	5	9	2	16
	British Columbia	4	17	2	23
	Dalhousie	4	5	1	10
	Manitoba	1	12	5	18
	McGill	4	3	2	9
	Montreal	2	4	1	7
	Saskatchewan	0	7	0	7
	Toronto	0	14	1	15
	Western Ontario	-	-	-	-
	TOTAL	20	71	14	105

1954-68 data taken from CDA TRANSACTIONS, June 24-26, 1968 - pages 192,193.

TABLE 2

RESEARCH SPACE AND EQUIPMENT
CANADIAN DENTAL SCHOOLS
1954-1970

YEAR	SCHOOL	RESEARCH SPACE (sq.ft.)		EQUIPMENT	
		Dental School	Other	Adequate	Inadequate
1954	5 Schools	4,600	3,117	2	3
1959	5 Schools	28,450	1,700	3	2
1964	6 Schools	36,920	2,930	2	4
1966	7 Schools	50,048	4,016	3	3
1968	9 Schools	46,051	5,630	4	4
1970	Alberta	3,600	0		X
	British Columbia	8,900	3,000	X	
	Dalhousie	1,100	0	X	
	Manitoba	16,000	0	X	
	McGill	4,878	150		X
	Montreal	6,400	0	X	
	Saskatchewan	1,000	0		X
	Toronto	9,766	6,595.2	X	
	Western Ontasrio	-----	-----	-	-
	TOTAL	51,644	9,745.2	5	3
PROJECTIONS UNTIL 1972					
1971	9 Schools	48,878	3,000	5	1
1972	9 Schools	52,869	3,000	4	0

RESEARCH

TABLE 2 CONTD:

1954-1968 data taken from CDA TRANSACTIONS, June 24-26, 1968 - pages 192,193.
1971-1972 data taken from questionnaire.

TABLE 3

GRADUATE AND POST GRADUATE STUDENTS
CANADIAN DENTAL SCHOOLS
1954-1970

YEAR	SCHOOL	NUMBER OF STUDENTS					TOTAL
		GRADUATE			POST GRADUATE		
		Ph.D.	M.Sc.		Clinical	Other	
			Clinical	Other	Specialty		
1954	5 Schools	0	7	0	0	0	7
1959	5 Schools	0	0	6	12	3	21
1964	6 Schools	3	2	9	13	4	31
1966	7 Schools	6	14	28	31	11	90
1968	9 Schools	7	6	19	38	16	86
1970	Alberta	0	6	0	0	0	6
	British Columbia	0	0	0	0	0	0
	Dalhousie	0	0	0	0	0	0
	Manitoba	3	0	4	6	0	13
	McGill	0	0	0	2	0	2
	Montreal	0	10	5	2	0	17
	Saskatchewan	0	0	0	0	0	0
	Toronto	0	0	16	0	9	25
	Western Ontario	-	-	-	-	-	-
	TOTAL	3	16	25	10	9	63

1954-1968 data taken from CDA TRANSACTIONS, June 24-26, 1968 - pages 192,193.

TABLE 4

ESTIMATED RESEARCH EXPENDITURE
CANADIAN DENTAL SCHOOLS
1954-1970

TABLE 4 CONTD:

YEAR	SCHOOL	SOURCE OF FUNDS					Total
		N.R.C.	M.R.C.	D.N.H. & W.	Industry	Other	
1954	5 Schools	26,870	---	30,000	---	20,000	76,870
1964	6 Schools	194,400	---	48,500	44,700	59,800	347,400
1966	7 Schools	386,888	10,500	118,853	35,700	58,709	610,650
1968	8 Schools	410,118		141,778	12,760	28,718	593,374
1970	Alberta		70,000	14,000	---	10,000	94,000
	British Columbia		220,000	885	---	1,500	222,385
	Dalhousie		39,000	18,404	---	8,000	65,404
	Manitoba		126,850	16,000	10,000	9,800	162,650
	McGill		41,500	---	3,000	58,000	102,500
	Montreal		17,220	50,000	6,300	35,000	108,520
	Saskatchewan		34,230	7,800	---	---	42,030
	Toronto		195,200	65,635	---	45,921	306,756
	Western Ontario		---	---	---	---	---
	TOTAL		744,000	172,724	19,300	168,221	1,104,245

PROJECTIONS UNTIL 1975

		TOTALS*					
1971	7 Schools	1,023,800	417,300	127,000	22,500	120,000	686,800
1972	4 Schools	1,042,000	370,000	115,000	27,000	103,000	615,000
1973	4 Schools	1,289,000	505,000	85,000	37,000	117,000	744,000
1974	3 Schools	1,282,000	525,000	77,000	33,000	52,000	687,000
1975	3 Schools	1,450,000	560,000	90,000	40,000	55,000	745,000

1954-1968 data taken from CDA Transactions, June 24-26, 1968 - pages 192,193

1971-1975 data taken from questionnaire

*TOTALS Taken from questionnaire of schools that only included a grand total.

APPENDIX C

THE CANADIAN DENTAL RESEARCH FOUNDATION
(Incorporated without share capital under the laws of Canada)

BALANCE SHEET - DECEMBER 31, 1969
(with comparative figures at December 31, 1968)

	ASSETS	1969	1968
Current account			
Cash		\$ 45	\$ 445
Accrued interest on bonds		138	138
		<u>183</u>	<u>583</u>

RESEARCH

RESEARCH

BALANCE SHEET CONTD:

	<u>1969</u>	<u>1968</u>
Capital account		
Cash	36	36
Government and government guaranteed bonds,		
at cost (quoted market value 1969 - \$15,950;		
1968 - \$16,490)	<u>18,584</u>	<u>18,584</u>
	<u>18,620</u>	<u>18,620</u>
	<u>\$18,803</u>	<u>\$19,203</u>

SURPLUS

Current account	\$ 183	\$ 583
Capital account	<u>18,620</u>	<u>18,620</u>
	<u>\$18,803</u>	<u>\$19,203</u>

AUDITORS' REPORT

To the Members of
The Canadian Dental Research Foundation

We have examined the balance sheet of The Canadian Dental Research Foundation as at December 31, 1969 and the statement of revenue and expenditure and surplus for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Foundation as at December 31, 1969 and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Thorne, Gunn, Helliwell & Christensen

Toronto, Canada
February 5, 1970

Chartered Accountants

THE CANADIAN DENTAL RESEARCH FOUNDATION

CURRENT ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1969
(with comparative figures for 1968)

RESEARCH

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS CONTD:

	<u>1969</u>	<u>1968</u>
Revenue		
Bond interest	\$ 858	\$734
Bank interest	<u>.10</u>	<u>36</u>
	<u>868</u>	<u>770</u>
Expenditure		
Trust company fees	46	44
Transfers to Canadian Dental Association, General Account	<u>1,222</u>	<u>580</u>
	<u>1,268</u>	<u>624</u>
Excess of revenue over expenditure (expenditure over revenue) for the year	(400)	146
Current account surplus at beginning of year	<u>583</u>	<u>437</u>
Current account surplus at end of year	<u>\$ 183</u>	<u>\$583</u>

RESOLUTIONS, SPECIAL

SPECIAL RESOLUTIONS

MEMBER: O. J. Yule, Chairman

R E P O R T

The Special Resolutions Committee has with great care made a list of those people who have given unstintingly of their time and effort to ensure the success of the 1970 annual meetings. Singled out for special recognition are the following:

- 1. Reverend Dr. Reid Vipond of Westminster United Church, Winnipeg, who delivered the invocation at the opening session of the Board.*
- 2. Dr. J. P. Beattie, General Chairman of the 1970 Convention Committee.*
- 3. Mesdames S. M. Borden and M. J. Snidal, co-chairmen of the ladies' program.*
- 4. President and Mrs. Hector MacLean for their gracious hospitality at the Winnipeg Winter Club.*
- 5. Dr. Alvin J. Shinoff, President of the Manitoba Dental Association.*
- 6. Mr. Ross McIntyre, Secretary of the Manitoba Dental Association.*
- 7. The Government of the Province of Manitoba for its contribution to the success of this meeting.*

It is understood that the Convention Chairman will in the name of the Association express our appreciation to the many individuals, companies and other organizations who have contributed to the success of the convention.

*Moved that the Report of the Special Resolutions Committee
be adopted.*

Adopted.

EXECUTIVE: Sydney R. Katz, Winnipeg; Jacquest Fiset, Past President, Montreal; D. B. McAdam, President-elect, Toronto; D. H. MacDougall, Secretary-Treasurer, Edmonton.

R E P O R T

ANNUAL MEETING

1. The Canadian Academy of Restorative Dentistry held its annual and business meeting, with two days of clinics and lectures, at the Faculty of Dentistry, University of Montreal, Montreal, on June 7 and 8, 1969.

MEMBERSHIP

2. Active members 67; Associate members, 1; Retired members 1; Honorary members 6; Resignations of 2 active members are being considered.

ACTIVITY HIGHLIGHTS

3. Liaison with the Canadian Academy of Prosthodontics continues. An unsuccessful effort to meet with the CAP prior to July, 1969 has been followed by a proposal from the CAP for a joint committee to consider mutual problems. This proposal is being favourably considered by the CARD.
4. A poor response from both students and faculties across Canada to the plan to invite graduating students of high restorative ability to our meetings has resulted in modification of the plan whereby students, graduating from schools in the vicinity of the location of the annual meeting of the Academy, may be invited to attend the meeting at the discretion of the chairman of the meeting.
5. An official crest has been adopted by the Academy.
6. With increased membership and a firmer financial operation, contributions to the Canadian Fund for Dental Education were begun in 1969.
7. The study of the problems of the dental technician, relative to the restorative dentist, is being continued and will be the subject of a panel discussion at the meeting in 1970.
8. Our representation from the province of Quebec has been increased by one member to represent the French speaking members of the profession.

The Academy is commended for its work throughout the year.

ROYAL COLLEGE OF DENTISTS OF CANADA

Information Statement Presented to the Canadian Dental Association Board of Governors - July, 1970.

The last Informational Report of the Royal College of Dentists of Canada was presented to the Board of Governors in July, 1969 in Montreal.

The College now has 80 Charter Fellows, 120 Fellows by examination and 10 Honorary Fellows. At the Convocation here in Winnipeg, on July 4, 1970, 2 Honorary Fellowships will be conferred and, hopefully, 11 Fellowships by examination. Of these 11 Fellowships, 4 candidates were successful in examinations in 1968, but were unable to make the trip to Montreal last year. Three candidates were successful in the last Initial Interim examinations and four have successfully completed the Part I and Part II examinations.

There are now no more Initial Interim examinations (i.e. those which were set up for candidates who had their provincial specialty certification as of the date of the passing of the Act which created the Royal College - March 18, 1965).

The Part I examinations will be held in regional centres across Canada in September, 1970 and the Part II (oral) examinations will be held in Toronto on December 4 and 5, 1970. The format for the Part I examinations has now been changed. The Examinations Committee has been working very hard, under the chairmanship of Dr. A. W. S. Wood, and in consultation with the Ontario Institute for Studies in Education, and is hoping to use partly multiple choice and partly essay type questions for the examinations in 1970. Also the areas of examination have been somewhat changed for the different specialties and regrouped so that the candidates will now be required to write only two three-hour papers, instead of six. These two papers, however, will each cover several basic science subjects and their clinical application. Many Fellows of the College have been asked to contribute multiple choice questions in various disciplines and we are most grateful to the members of the Dental Sciences group who have helped in this matter.

The Council of the Royal College and the Office of the Secretary have been doing their best to further participation by all the Fellows in the affairs of the College. It has been stressed that any suggestions or criticisms by a Fellow should be brought to the attention of one or both representatives of the Fellow's specialty on the Council. In turn, these representatives would pass these matters on to Council. Since the last Annual Meeting of the College the minutes of that meeting and a synopsis of minutes of other meetings have been sent to all the Fellows. In all cases this material has been translated into French and sent out in both languages. Also the Constitution and By-laws of the College have now been printed in both languages and distributed. Every effort is being made to use both languages wherever possible. A committee of bilingual Fellows has been set up in Montreal to help with the translation of examination papers and a new examination brochure is being sent out in both languages.

For some time now there have been discussions between the Royal College of Dentists of Canada and the Royal College of Dental Surgeons of Ontario on the subject of specialty certification examinations for the province of Ontario. These discussions were initiated by the Royal College of Dental Surgeons of Ontario. It has been repeatedly pointed out by the Royal College of Dental Surgeons that one of the obligations of our College was to assist

provincial licensing boards to assess specialty training. However, because the Royal College of Dentists of Canada is well aware of the fact that specialty certification is the prerogative of the provinces and that the College has no desire to interfere with that prerogative, the Council has taken no initiative in this direction. Nonetheless, after several requests from the Royal College of Dental Surgeons and after a great deal of thought and discussion, the Council agreed, at a meeting held in November, 1969, to provide, on a one-year trial basis, a special clinically oriented examination, the results of which could be used by the Ontario licensing authorities to assist them in assessing candidates for provincial specialty certification. These examinations will be patterned on the original Initial Interim examination of the Royal College of Dentists of Canada (i.e. a 3-hour written and, approximately a 45-minute oral examination). If Ontario wishes to pursue this idea, the College will be most happy to try this arrangement for one year and then both parties can reassess their positions. The examinations will probably be held at the same time as the Part II examinations of the College (late in November, or early in December each year).

The results of these examinations will be handed over to the Royal College of Dental Surgeons of Ontario for their consideration and disposition. The Board of the Royal College of Dental Surgeons will assess the results and issue specialist certificates as they so decide. The Royal College of Dentists will not issue specialist certificates. It will help Ontario by making available the College's examining facilities. Successful completion of these special examinations will not, in any way, fulfil any part of the requirements for Fellowship in the Royal College of Dentists. Fellowship will still be attained only by successful completion of both the Part I and Part II examinations of the College.

The Council of the College felt that all the provinces should be notified of the above decisions. Consequently, letters were sent to all Provincial Registrars in January, 1970. Two or three provinces have shown some interest in these special examinations for their own specialist certification purposes.

Subsequent to the preparation of this report, the Royal College of Dental Surgeons decided to delay its use of the Royal College of Dentists' examining facilities pending further consideration of the implications.

The Secretary of the College has attended meetings of the Advisory Committee of the Faculty of Dentistry at the University of Western Ontario and the Canadian Dental Association Council on Education, of which he is a member. He also visited the Dental Hygiene course at the University of British Columbia as part of a Canadian Dental Association survey team. At the invitation of the Royal College of Physicians and Surgeons of Canada, the Secretary and his wife were head table guests at the Annual Dinner of the Royal College of Physicians and Surgeons in Montreal this past winter. In this and other ways the College is doing its best to maintain close liaison with the Canadian Dental Association and other medical and dental organizations.

The Council of the Royal College of Dentists was requested to appoint a Fellow to the Canadian Dental Association's Council on Education's Committee on Survey Policy. The member appointed is Dr. H. T. Oliver of Montreal. The College's own Committee on Education is pleased to cooperate with the Canadian Dental Association's Survey Policy Committee and any other committees or organizations where graduate programs are concerned.

The College has begun discussion on having a scientific meeting of its own. Work is progressing in this area.

R C D (C)

In conclusion, the College is maintaining cooperation with other dental organizations and, hopefully, is making some contribution to the dental profession as a whole.

MEMBERS: O. J. Yule, Chairman, Toronto; F. Bruce Burns, Islington;
R. O. Fisk, Toronto; Eric P. Millar, Montreal; R. Lorne
Scott, Brantford; R. L. Twible, Toronto; J. A. Whyte,
Ottawa.

R E P O R T

1969 ANNUAL MEETING OF BOARD OF GOVERNORS

1. The Board of Governors at its annual meeting in 1969 tabled four resolutions of the report of the Specialists and Specialization Committee "until the study of Aims and Objectives Conference Report is completed." The suggestions in three of these resolutions have been incorporated in the 1970 report of the Council on Constitution and By-laws.
2. MORATORIA - The fourth resolution concerned the lifting of the moratoria on the recognition of additional sections of CDA and of new specialty areas of dental practice. Should Article X of the new by-laws be acceptable to the Board of Governors then this committee recommends that the moratoria be lifted.

Resolved:

That the moratoria on the recognition of additional CDA specialty areas of dental practice and of sections be terminated at this 1970 meeting of the Board of Governors.

Adopted.

CDA BY-LAWS

3. The committee expressed concern that in subsection (ix) of the terms of reference for the Education Committee as shown in the draft by-laws of the CDA as approved by the Board of Governors October 31-November 1, 1969, there is possible ambiguity as there are no clear directives concerning responsibility for the development of policy pertaining to the specialty areas of dentistry and making recommendations in respect of such policy to the Board of Governors.

APPLICATIONS - RESTORATIVE DENTISTRY AND DENTAL RADIOLOGY

4. The applications from Restorative Dentistry and Dental Radiology were forwarded to the Survey Policy Committee of the Council on Education. The committee reported that in both cases the suggested educational programs "could conform to the standards of accreditation which are now being set up for other areas of specialization in dentistry."

APPLICATIONS - PUBLIC HEALTH DENTISTS AND ORAL PATHOLOGY

5. The revised applications from Public Health Dentists and Oral Pathology for specialty area recognition have not yet been received.

The Committee should be commended for a difficult assignment during a period of transition.

TREASURER

Treasurer: J. B. Taylor

R E P O R T

INTRODUCTION

1. As your new Treasurer, this is my first report. I hope that I shall justify the trust placed in me and that you will bear with me in my interpretations of such complicated documents as the financial statements. I will do my best to fill the shoes of Dr. G. M. Dewis who faithfully served the Association as its Treasurer for nine years.
2. Under the new terms of reference, one of the Treasurer's duties is to submit an annual report summarizing the financial statements for the preceding year and introducing a budget for the next fiscal year. To this end I have visited headquarters several times, studied the auditors' statements, and the Association's financial records, and prepared the following report. In spite of such efforts it is impossible for one who is not daily working with the Association's records to be completely familiar with all details. I suggest therefore that questions of this kind be directed to the appropriate member or members of staff.

FINANCIAL STATEMENTS - 1969

3. As outlined in Appendix T1, total revenue for 1969 was \$368,372. You will note that this exceeds the revenue budgeted by \$71,372, which can be attributed almost entirely to larger than anticipated corporate grants. In the 1969 estimates, all grants were estimated at \$40 per licensed dentist.
4. A similar analysis of 1969 expenditures, compared with the budget approved for 1969, appears as Appendix T2. As shown, actual costs exceeded our budget by \$36,907. Notes to Appendix T2 have been inserted to provide explanation of the larger variations.
5. The audited financial statements appear as Appendix T3.

Resolved:

That the auditors' statement for 1969 be approved.

Adopted.

BUDGET - 1971

6. Once again, we are forecasting a deficit budget. This deficit is the result of anticipated continued escalation of costs of present services and some expansion in areas where it has been considered essential, without a commitment for a corresponding increase in revenue. The large deficit forecast for 1971 can only be met in three ways: (1) increased revenue; (2) encroachment on the Reserve Fund; (3) reduced expenditure, i.e., reduced services. The latter two alternatives will seriously weaken the effectiveness of our Association. The only effective way to increase revenue is to increase corporate grant revenue from those provinces which have not increased their per capita grant to \$65.
7. The estimated revenue for 1971 is detailed in Appendix T4. An analysis of the

corporate grants appears as Appendix T5, with comparison figures for previous years in both instances. The budgeted expenditures figures for 1971 are in Appendix T6, with comparative figures for 1969 and 1970 (forecast). Also attached is an analysis of budget requests by bureaux, councils and committees for 1971, Appendix T7. These are original requests as submitted. No revisions have been made and the total amounts are reflected in the budgeted expenditures.

8. The major cost increases in the 1971 budget are summarized below:

(a) ANNUAL MEETING

The enlarged Board increases the cost of annual meetings. The fact that the 1971 meeting is to be held in Ottawa compensates for this increase when comparing the total cost to that of the Board meeting in Winnipeg in 1970.

(b) LEGAL AND AUDIT COST

Legal and audit fees are expected to increase significantly.

(c) PRINTING COSTS

The Association expects to be printing many more pamphlets, due to their new attractive design and content and to the fact that we have recently taken over publication and distribution of public health pamphlets heretofore produced by the Ontario Dental Association. A proportionate increase in revenue is forecast in this area.

(d) POSTAGE

Increased costs are directly related to the Postal Department's recent and anticipated rate increases.

(e) SALARIES

Includes a provision for an increment for existing staff, plus salaries for additional staff including an Assistant Executive Director, three non-executive staff, one of whom will be secretary to the Assistant Executive Director, and one part-time non-executive staff member.

(f) TRAVEL EXPENSE

Reflects the expansion taking place in the council and committee area (Appendix T7) and the increased amount of travelling the Executive Director has been requested to do.

9. As you are well aware it is customary for your Treasurer to introduce a budget of anticipated revenue and expenses for the coming year and after appropriate explanation recommend adoption of a resolution approving this budget.

10. With respect to the 1971 budget I find myself in a most difficult position. There appears to be ample justification for each of the expenditure items. Indeed there are none that can be cut back or eliminated without causing significant restrictions in the services that both the Executive Council and the Board of Governors have previously endorsed as being essential to the national interests, and that the Association is being called upon by both corporate and individual members as well as the public to provide. On the other hand anticipated revenue for 1971 falls far short of expenditures. I cannot in all

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honesty recommend that a budget with a deficit of \$74,900 be approved without some assurance from within the Executive Council and the Board of Governors that this same pattern will not be repeated year after year. A deficit of \$75,000 each year for three years would to all intents and purposes wipe out our reserves and leave the Association in an untenable position.

11. The alternatives have already been mentioned, namely more revenue, or a cut back on our services. If priorities for our services must be established with a view to eliminating enough items to balance the budget, that is, in my opinion, a responsibility for Council and the Board of Governors, and not that of the Treasurer.
12. I therefore present the estimates of revenue and expenses for 1971, fully supporting the need and desirability for each of the expenditures but because of our current and projected financial positions, I am unable to recommend its adoption.

RESERVE FUND

13. Reserve Fund cash on hand at the beginning of 1969 plus investment income totaling \$34,500 were converted into Retirement Savings Plan units bringing the common stock portion of the Fund to \$103,500.
14. The total reserve balance at the end of 1969 was \$285,311.

SECURITIES

15. Changes in security holdings during 1969 are listed in Appendix T8. Securities held at December 31, 1969 are listed in Appendix T9.

SPECIAL GRANTS

16. A special grant of \$2,500 was received in 1969 from the Canadian Life Insurance Association to assist the Canadian Dental Association in continuing its fluoridation program. This was a final payment of a total grant from the Life Insurance Association of \$15,000 paid to the Association over the last three years.
17. The Association also received a grant of \$3,000 from the Procter & Gamble Company in 1969. This amount was not included in the CDA revenue for that year, but is shown along with other company grants in the financial report of the Canadian Fund for Dental Education. The funds were used to defray the cost of the teaching conference held in February, 1970.
18. The gratitude of the Association has been expressed to the donors of these generous grants.

AUDITORS

19. The firm of Thorne, Gunn, Helliwell and Christenson has been appointed to hold office until the first meeting of the Executive Council in 1971.

WORKING CAPITAL

20. Cash flow estimates have been prepared at headquarters, and on the basis of the most recent data available, the Association will have a total of approximately \$7,000 cash in the current account at the end of 1970.
21. Corporate members' grants are received by the Association as much as one year after they are collected from the individual dentist. The grants usually begin arriving in March each year, and then throughout the following months. A substantial portion often is not received until December.
22. During the first quarter of 1971, the Association will be required to spend approximately seventy to eighty thousand dollars before the first grant is received, if present trends continue. Unless corporate members begin dispatching their grants earlier, the Association will be forced to large borrowings or encroachment on the Reserve Fund, beginning early in January, 1971. It is an urgent problem and I therefore propose the following resolutions.

Resolved:

That the corporate members be required to forward membership dues to CDA within 90 days of the date licensing fees become payable.

Resolved that the above motion be rejected.

Adopted.

Motion from the floor:

Resolved that the Executive Council with the advice of the provincial treasurers be instructed to outline proposals to the next meeting of this Board on methods of determining:

- 1. the amount of grants,*
- 2. payment methods,*
- 3. payment dates,*
- 4. penalties for delinquent accounts.*

Adopted.

Resolved:

That the Treasurer, after consultation with the Executive Director and Comptroller, be authorized to either sell Reserve Fund Securities or borrow funds in order to provide required working capital.

Adopted.

FISCAL FORECAST

23. A projection of estimated revenue and expenditures through 1975 appears as Appendix 10. The revenue forecast for the years 1972-1975 reflects corporate grants calculated on the same basis as in 1971 (see Appendix T5), taking into account the increase in the number of dentists. Expenditures for the years 1972-1975 project a continuation of the same level of services as indicated by the 1971 budget.
24. It is emphasized once again that if the trend of deficits as predicted for

TREASURER

1971 continues through 1973 the Reserve Fund will be completely eliminated and the Association will be unable to continue to function as an effective organization.

EXECUTIVE COUNCIL'S COMMENTS RELATIVE TO THE TREASURER'S REPORT

1. Article VI, Section 8, subsection (g) of the Association's proposed by-laws states that one of the duties of the Executive Council is to prepare a budget for carrying on the activities of the Association for each ensuing fiscal year.
2. Usually an estimate of revenue and expenditures for the ensuing fiscal year is prepared by the Treasurer and staff, considered by council and forwarded for approval to the Board of Governors along with appropriate suggestions for minor amendment.
3. As already stated in the Treasurer's report, nothing but a major reduction in expenditures for 1971 would balance the budget. This would involve establishing priorities for many of the Association's activities. The Treasurer was not prepared to assume this responsibility and therefore did not recommend in his report that the estimates of revenue and expenditures for 1971 be approved by either the Executive Council or the Board of Governors as the budget for next year.
4. Council is gravely concerned by this turn of events and is at the same time conscious of its obligation as outlined in paragraph 1 above.
5. After a full day of considering priorities of services and alternative methods of increasing revenue council reluctantly took the position that it was not in the Association's best interests to advance for a second year a large deficit budget. It approved two additional resolutions relative to projections of the Association's activities and fiscal policies. It also reviewed in detail the estimates of revenue and expenditure for 1971 as presented by the Treasurer and again most reluctantly made suggestions for reducing services in order to bring projected expenditures within anticipated revenue for 1971.

The related resolutions and suggested cut-back in operations follow and are submitted for consideration by the Board.

(1) Resolved:

Whereas it is essential that CDA budgets be balanced, and

Whereas the expenses of governors attending meetings of the Board are several thousand dollars annually (e.g. \$9,000 for the Ottawa meeting in 1971), and

Whereas a more direct liaison would be produced between a governor and his corporate body if the expenses of that governor to attend CDA meetings were paid by his corporate body, therefore be it resolved

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That expenses for attendance of each governor at meetings of the Board of Governors be assumed by his corporate body, but that this responsibility not apply to members of the Executive Council.

Rejected.

(2) Resolved:

That the "Budget Review, 1971" be approved by the Board of Governors and applied to estimated expenditures for 1971 as shown in Appendix T6 of the Treasurer's report, and

That if unexpected revenue is forthcoming or if expenditures are less than anticipated, then the priority of reinstating deleted and reduced expenditures be left to the discretion of the Executive Council.

The Board does not agree with this resolution in its entirety and recommends a substitute resolution as follows:

Resolved:

That the budget review 1971 be approved by the Board of Governors and applied to all estimated expenditures for 1971, except the CFDE grant, as shown in Appendix T6 of the Treasurer's report, and

That the present CFDE grant be retained and the deficit so incurred be made up by deductions from other sources, and

That if unexpected revenue is forthcoming or if expenditures are less than anticipated, then the priority of reinstating deleted and reduced expenditures be left to the discretion of the Executive Council.

Adopted.

With respect to the budget reduction affecting the matter of an Assistant Executive Director, the following resolution is recommended:

Resolved that when funds are available for an assistant to the Executive Director, that the Executive Council give serious consideration to the hiring of a non-dentist who would serve the Association as assistant to the Executive Director as well as in other capacities.

Adopted.

BUDGET REVIEW - 1971

Without increased revenue for 1971, programs and services as budgeted will have to be cut. In an attempt to list items of less than top priority, attention is drawn to the following possible budget reductions:

- | | |
|---|----------|
| 1. Production of a new educational film (filmclip or movie) | \$ 9,000 |
| 2. Furniture and fixtures for additional staff | 1,500 |
| 3. Canadian Education Week grant | 100 |

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	FORWARD	10,600
4. CFDE Grant		3,000
5. Archives		500
6. Transactions		3,000
7. Salaries - Assistant Executive Director		19,000
- Secretary for Assistant Executive Director		5,000
- News Editor		10,000
- General typist		4,300
- Part time council secretarial assistance		4,000
8. Salary expenses		5,000
9. Councils and Committees		
-Ethics - reduce from 1,000 to 500		500
-Public Health - eliminate professional writer		2,000
-Council on Education		
- eliminate teaching conference		1,800
- eliminate postgraduate surveys		2,300
- eliminate recruitment committee meeting		1,000
- reduce recruitment publications		500
- reduce student membership committee		300
10. Directory - eliminate		1,000
11. Screen and projector - eliminate		900
12. Executive Director's travel - reduce		<u>1,000</u>
		<u>75,700</u>

These reductions are to be applied to the 1971 expense estimates shown in Appendix T6.

Motion from the floor:

Whereas there has been expressed that the staff work load at headquarters indicates a need for more assistance and

Whereas there has been expressed a need for an assistant or deputy executive director,

Therefore be it resolved that a management consultant firm be hired, at a cost not exceeding \$2,000, to study the administration of our headquarters, and

That we direct them to recommend the type and numbers of personnel required to efficiently and effectively carry out the functions and policies of this Association.

Adopted.

Motion from the floor:

Moved that a daily expense allowance be established by the Executive Council for members of the CDA when

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*attending meetings and conferences on CDA business.
This procedure to be effective after this session of
the Board.*

Adopted.

*The Treasurer and Comptroller are complimented for their effort in attempting
to achieve a balanced budget.*

APPENDIX T1

Canadian Dental Association

ACTUAL versus BUDGETED REVENUE - 1969

		1969 <u>ACTUAL</u>	1969 <u>BUDGET</u>	(UNDER) OVER <u>BUDGET</u>
Associate Memberships		1,918	1,200	718
Corporate Grants				
-British Columbia	*	71,845	32,600	39,245
-Alberta		36,855	23,100	13,755
-Saskatchewan		11,000	9,000	2,000
-Manitoba		14,425	11,500	2,925
-Ontario		114,248	109,600	4,648
-Quebec		64,680	64,500	180
-New Brunswick		7,915	4,700	3,215
-Nova Scotia		13,000	8,500	4,500
-Prince Edward Island		1,350	1,200	150
-Newfoundland		3,510	1,800	1,710
Interest				
-CDRF		1,222	600	622
-Income		3,282	-	3,282
Journal - gross		2,184	6,200	(4,016)
National Convention		2,131	3,500	(1,369)
Sale of Publications other than JCDA	**	11,082	15,500	(4,418)
Student Memberships		2,152	2,000	152
Subscriptions - JCDA		2,323	1,500	823
Space Rental - CFDE		600	-	600
Special Grants & Sundry Income	***	2,650	-	2,650
		<u>368,372</u>	<u>297,000</u>	<u>71,372</u>

* \$16,140 applicable to 1968, as explained in last year's Treasurer's Report.

** Large block orders received periodically; not easily forecast.

*** See explanatory note, paragraph 12.

Notes to Appendix T1

1. An analysis of corporate grant revenue with per capita figures appears separately as Appendix T5.
2. The *Journal* gross revenue was substantially less than expected due to a large postal rate increase.

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APPENDIX T2

ACTUAL versus BUDGETED EXPENDITURES - 1969

	ACTUAL	BUDGET	UNDER (OVER) BUDGET
Board Meeting - Annual	15,761	16,000	239
- Special	4,297	-	(4,297)
Contingency	15,219	10,000	(5,219)
Conventions	-	1,000	1,000
Film Production & Distribution	8,247	9,100	853
Furniture & Fixtures	2,532	4,000	1,468
Fixed Asset - Loss on Disposal	167	-	(167)
Grants:			
-Canadian Dental Nurses & Assistants	300	300	-
-Canadian Education Week	100	100	-
-Canadian Fund for Dental Education	18,000	18,000	-
-Federation Dentaire Internationale	2,897	3,000	103
-Library Trust Fund	500	1,000	500
History of Dentistry	213	1,000	787
Insurance (Building, Fidelity, Sickness, Travel)	1,999	3,000	1,001
Intraprofessional Communications	5,000	-	(5,000)
Legal & Audit	2,750	2,500	(250)
Office Supplies & Expense	16,719	13,000	(3,719)
Postage	9,255	5,500	(3,755)
Printing Shop			
-Paper	6,083	4,800	(1,283)
-Supplies & Expense	13,657	7,100	(6,557)
-Transactions	11,071	12,000	929
-Other Publications	-		
Property Expenses			
-Light, Heat, Water	3,239	3,500	261
-Repairs & Maintenance	4,191	5,500	1,309
-Taxes	5,810	6,500	690
Purchase of CDRF award	-	500	500
Salaries	152,856	144,000	(8,856)
Salary Expenses	17,566	17,000	(566)
Telephone & Telegraph	3,639	3,000	(639)
Translations	1,395	5,500	4,105
Travel Expense	44,244	33,900	(10,344)
	367,707	330,800	(36,907)

Notes to Appendix T2

1. The special Board meeting was not budgeted for in 1969.
2. Contingency Account: An amount of three thousand dollars was spent in providing honoraria to the two presidents who held office in 1969. \$6,500 was paid Carleton-Cowan Public Relations Limited for their "Audit and Inventory" and "Blueprint for Action." Their assistance in projects arising immediately out of these studies cost an additional \$2,718. The ADA-CDA conference in 1969, which was not budgeted for, cost \$2,802.
3. The costs of temporary office staff and of securing new staff were the major reasons that Office Supplies and Expense exceeded budget for 1969.

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4. Postage costs were higher than expected in 1969 because of increased postal rates.
5. Salaries: Increments approved by Council were larger than those budgeted for in 1969.
6. Travel expense increases reflect the expansion taking place in the council and committee areas. During 1969, the main items where the Travel Expense was greater than expected were: The Executive Council, Insurance Committee, the Council on Education Survey of Schools and Survey Policy Committee, and the Aims and Objectives Conference, which was not budgeted for.
7. Printing Supplies & Expense: The higher than anticipated cost in this area was due mainly to the large "one-time-only" costs of the new CDA Directory.

CANADIAN DENTAL ASSOCIATION
FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1969

Auditors' Report
Balance Sheet
General Account
 Statement of Revenue and Expenditure and Surplus
 Statement of Source and Application of Funds
Notes to Financial Statements
Other Statements of Revenue and Expenditure and Surplus
 War Memorial Award Fund
 The Grieve Memorial Lectureship Fund
 Library Trust Fund
 Reserve Fund

AUDITORS' REPORT

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1969 and the statements of revenue and expenditure and surplus, and the statement of general account source and application of funds for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Association as at December 31, 1969 and the results of its operations and the general account source and application of funds for the year then ended, on a basis consistent with that of the preceding year.

THORNE, GUNN, HELLIWELL & CHRISTENSON
Chartered Accountants

Toronto, Canada
February 11, 1970

CANADIAN DENTAL ASSOCIATION

BALANCE SHEET - DECEMBER 31, 1969

TREASURER

(with comparative figures at December 31, 1968)

	ASSETS	<u>1969</u>	<u>1968</u>
GENERAL ACCOUNT			
Current assets			
Cash		\$ 51	\$ 9,565
Guaranteed investment certificates		50,000	40,000
Accounts receivable		1,042	5,238
Prepaid expenses		<u>17,836</u>	<u>5,696</u>
		<u>68,929</u>	<u>60,499</u>
Fixed assets, at cost			
Building, 234 St. George Street, Toronto		197,230	197,230
Furniture and fixtures		<u>78,510</u>	<u>77,621</u>
		275,740	274,851
Less accumulated depreciation		<u>105,404</u>	<u>95,824</u>
		170,336	179,027
Land, 234 St. George Street, Toronto		<u>5,100</u>	<u>5,100</u>
		<u>175,436</u>	<u>184,127</u>
		<u>\$244,365</u>	<u>\$244,626</u>
WAR MEMORIAL AWARD FUND			
Cash		\$ 326	\$ 1,007
Accrued interest		55	147
Government bonds and guaranteed investment certificate, at cost (market value 1969, \$8,229; 1968, \$7,513)		<u>9,623</u>	<u>8,623</u>
		<u>\$ 10,004</u>	<u>\$ 9,777</u>
THE GRIEVE MEMORIAL LECTURESHIP FUND			
Cash		\$ 663	\$ 518
Accrued interest		85	85
Government bonds, at cost (market value 1969, \$4,054; 1968, \$4,342)		<u>5,340</u>	<u>5,340</u>
		<u>\$ 6,088</u>	<u>\$ 5,943</u>
LIBRARY TRUST FUND			
Cash		\$ 92	\$ 417
Accrued interest		880	880
Government bonds, at cost (market value 1969, \$48,000; 1968, \$49,750)		<u>49,812</u>	<u>49,812</u>
		<u>50,784</u>	<u>51,109</u>
Fixed assets		103	103
Less accumulated depreciation		<u>21</u>	<u>10</u>
		<u>82</u>	<u>93</u>
Books		18,823	16,296
Less accumulated depreciation		<u>18,822</u>	<u>16,295</u>
		<u>1</u>	<u>1</u>
		<u>\$ 50,867</u>	<u>\$ 51,203</u>
RESERVE FUND			
Cash		\$ 766	23,119
Accrued interest		2,277	2,580
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value 1969, \$133,460; 1968, \$143,191)		172,268	172,268
Investment in Common Stock Fund - Canadian Dental Association Retirement Savings Plan, at cost (market value 1969, \$102,156; 1968, \$74,720)		103,500	69,000
Loan for dental aptitude test program		<u>6,500</u>	<u>9,500</u>
		<u>\$285,311</u>	<u>\$276,467</u>

	LIABILITIES AND SURPLUS	<u>1969</u>	<u>1968</u>
GENERAL ACCOUNT			
Current liabilities			
Accounts payable		\$ 5,990	\$ 700
Sales tax payable		208	102
Deferred income		<u>2,933</u>	<u>1,140</u>
		9,131	1,942
Surplus		<u>235,234</u>	<u>242,684</u>
		<u>\$244,365</u>	<u>\$244,626</u>
WAR MEMORIAL AWARD FUND			
Surplus		\$ 10,004	\$ 9,777
		<u>\$ 10,004</u>	<u>\$ 9,777</u>
THE GRIEVE MEMORIAL LECTURESHIP FUND			
Surplus		\$ 6,088	\$ 5,943
		<u>\$ 6,088</u>	<u>\$ 5,943</u>
LIBRARY TRUST FUND			
Surplus		\$ 50,867	\$ 51,203
		<u>\$ 50,867</u>	<u>\$ 51,203</u>
RESERVE FUND			
Surplus		\$285,311	\$276,467
		<u>\$285,311</u>	<u>\$276,467</u>
Contingent liability (note 1)			

TREASURER

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1969
(with comparative figures for 1968)

	<u>1969</u>	<u>1968</u>
Revenue		
Associate memberships	\$ 1,918	\$ 1,868
Grants from corporate members		
British Columbia	71,845	32,280
Alberta	36,855	33,150
Saskatchewan	11,000	10,650
Manitoba	14,425	13,375
Ontario	114,248	109,144
Quebec	64,680	62,830
New Brunswick	7,915	4,784
Nova Scotia	13,000	10,000
Prince Edward Island	1,350	1,451
Newfoundland	3,510	1,880
Interest from The Canadian Dental Research Foundation	1,222	580
Interest income	3,282	3,489
Journal of CDA (see note below)	2,184	3,539
National convention	2,131	6,996
Sale of publications, other than Journal	11,082	16,420
Special grants and sundry income	5,402	9,226
Subscriptions, CDA Journal	<u>2,323</u>	<u>2,126</u>
	<u>368,372</u>	<u>323,788</u>
Note		
Details of Journal of CDA		
Advertising	<u>91,894</u>	<u>77,136</u>
Less		
Agency commission	12,317	10,315
Photo engravings	3,627	3,949
Postage	9,008	1,797
Printing	44,864	40,831
Publisher's commission	<u>19,894</u>	<u>16,705</u>
	<u>89,710</u>	<u>73,597</u>
Net as above	<u>\$ 2,184</u>	<u>\$ 3,539</u>

The 1968 figures for details of Journal of CDA have been reclassified to conform with 1969 presentation.

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS (Continued)

YEAR ENDED DECEMBER 31, 1969
(with comparative figures for 1968)

	<u>1969</u>	<u>1968</u>
Expenditure		
Board meeting		
Annual	\$ 15,761	\$ 20,151
Special	4,297	
Contingency	15,219	2,820
Depreciation		
Building	4,931	4,931
Furniture and fixtures	5,716	5,729
Grants		
Canadian Dental Nurses and Assistants	300	1,800
Canadian Education Week	100	100
Canadian Fund for Dental Education	18,000	18,000
Federation Dentaire Internationale	2,897	2,354
Library Trust Fund	500	500
History of Dentistry and Archives	213	319
Insurance	1,999	1,839
Intraprofessional communications	5,000	
Legal and audit	2,750	2,250
Loss on disposal of fixed assets	167	
Office supplies and expenses	16,719	10,714
Postage	9,255	4,983
Property expenses		
Light, heat and water	3,239	3,143
Repairs and maintenance	4,191	2,905
Taxes	5,810	5,503
Publications other than journal	39,058	38,179
Salaries	152,856	125,360
Salary expenses	17,566	14,057
Telephone and telegraph	3,639	3,106
Translations	1,395	2,708
Travel expenses	<u>44,244</u>	<u>34,651</u>
	<u>375,822</u>	<u>306,102</u>
Surplus (deficit) on operations	(7,450)	17,686
Transfer to Reserve Fund		<u>39,000</u>
Deficit for the year	7,450	21,314
Surplus at beginning of year	<u>242,684</u>	<u>263,998</u>
Surplus at end of year	<u>\$235,234</u>	<u>\$242,684</u>

TREASURER

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF SOURCE AND APPLICATION OF FUNDS

YEAR ENDED DECEMBER 31, 1969
(with comparative figures for 1968)

	<u>1969</u>	<u>1968</u>
Source of funds		
Operations		
Deficit for year	\$ 7,450	
Depreciation which does not involve an outlay of funds	<u>10,647</u>	
	3,197	
Sale of furniture and fixtures	<u>576</u>	\$ 187
	<u>3,773</u>	<u>187</u>
Application of funds		
Operations		
Deficit for year		21,314
Depreciation which does not involve an outlay of funds		<u>10,660</u>
		10,654
Additions to furniture and fixtures	2,532	3,007
Additions to building	<u>2,532</u>	<u>2,355</u>
		<u>16,016</u>
Increase (decrease) in working capital	1,241	(15,829)
Working capital at beginning of year	<u>58,557</u>	<u>74,386</u>
Working capital at end of year	<u>\$59,798</u>	<u>\$58,557</u>
Current assets	\$68,929	\$60,499
Current liabilities	<u>9,131</u>	<u>1,942</u>
	<u>\$59,798</u>	<u>\$58,557</u>

CANADIAN DENTAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1969

1. CONTINGENT LIABILITY

At December 31, 1969 there was a claim involving the Association of an undetermined amount, arising out of a contract for services as agent and administrator of various group plans of insurance and pension. Subsequently, on April 14, 1970, an amount of \$19,000.00 was paid in full settlement of this claim. No provision has been made for this amount in the 1969 accounts.

2. BASIS OF FINANCIAL STATEMENTS

These financial statements do not include accounts relating to the dental aptitude test program for which separate financial statements are issued as at June 30.

CANADIAN DENTAL ASSOCIATION

WAR MEMORIAL AWARD FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1969
(with comparative figures for 1968)

	<u>1969</u>	<u>1968</u>
Revenue		
Investment interest	\$ 514	\$ 435
Bank interest	<u>13</u>	<u>27</u>
	527	462
Expenditure		
Essay awards	<u>300</u>	<u>300</u>
Surplus for the year	227	162
Surplus at beginning of year	<u>9,777</u>	<u>9,615</u>
Surplus at end of year	<u>\$10,004</u>	<u>\$ 9,777</u>

THE GRIEVE MEMORIAL LECTURESHIP FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1969
(with comparative figures for 1968)

	<u>1969</u>	<u>1968</u>
Revenue		
Bond interest	\$ 273	\$ 248
Bank interest	20	26
Donations	<u>125</u>	<u>274</u>
	418	274
Expenditure		
Orthodontic Section of Canadian Dental Association	<u>273</u>	<u>237</u>
Surplus for the year	145	37
Surplus at beginning of year	<u>5,943</u>	<u>5,906</u>
Surplus at end of year	<u>\$ 6,088</u>	<u>\$ 5,943</u>

TREASURER

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1969
(with comparative figures for 1968)

	<u>1969</u>	<u>1968</u>
Revenue		
Grant from General Account	\$ 500	\$ 500
Bond interest	3,500	2,294
Bank interest	<u>7</u>	<u>871</u>
	<u>4,007</u>	<u>3,665</u>
Expenditure		
Bank charges	9	
Binding books, journals, etc.	506	321
Depreciation, books	2,527	1,364
Depreciation, furniture and fixtures	10	10
Office supplies and expense	558	149
Subscriptions	<u>733</u>	<u>890</u>
	<u>4,343</u>	<u>2,734</u>
Surplus (deficit) for the year	(336)	931
Surplus at beginning of year	<u>51,203</u>	<u>50,272</u>
Surplus at end of year	<u>\$ 50,867</u>	<u>\$ 51,203</u>

RESERVE FUND

STATEMENT OF REVENUE

YEAR ENDED DECEMBER 31, 1969
(with comparative figures for 1968)

	<u>1969</u>	<u>1968</u>
Interest on bonds	\$ 8,517	\$ 8,513
Bank interest	327	1,191
Profit on sale of bonds	<u></u>	<u>2</u>
Surplus for the year	8,844	9,706
Surplus at beginning of year	<u>276,467</u>	<u>227,761</u>
	285,311	237,467
Transfer from Canadian Dental Association Current Fund	<u></u>	<u>39,000</u>
Surplus at end of year	<u>\$285,311</u>	<u>\$276,467</u>

APPENDIX T4

Canadian Dental Association
ACTUAL & ESTIMATED REVENUE - (1971)

	<u>1969 ACTUAL</u>	<u>1970 BUDGET</u>	<u>1971 BUDGET</u>
Associate Memberships	1,918	2,000	2,000
Grants - Corporate Members			
-British Columbia	71,845	55,300	58,300
-Alberta	36,855	34,800	36,700
-Saskatchewan	11,000	12,400	12,300
-Manitoba	14,425	14,400	15,200
-Ontario	114,248	86,100	115,600
-Quebec	64,680	64,800	91,400
-New Brunswick	7,915	7,600	9,200
-Nova Scotia	13,000	12,300	15,700
-Prince Edward Island	1,350	1,400	1,800
-Newfoundland	3,510	3,500	3,800
Interest			
-CDRF	1,222	800	1,000
-Income	3,282	2,000	2,000
Journal - Gross Revenue	2,184	2,000	8,000
National Convention	2,131	1,500	1,000
Sale of Publications (not JCDA)	11,082	17,500	18,800
Space Rental - CFDE	600	-	1,200
Student Memberships	2,152	2,000	3,000
Subscriptions - JCDA	2,323	2,200	2,500
Sundry Income	2,650	-	-
	<u>36 8, 372</u>	<u>322,600</u>	<u>399,500</u>

APPENDIX T5

SUMMARY OF CORPORATE GRANTS

	<u>1968 Actual Per Capita</u>		<u>1969 Actual Per Capita</u>		<u>1970 Budget Per Capita</u>		<u>1971 Budget Per Capita</u>	
British Columbia	32,280	60	71,845	65	55,300	65	58,300	65
Alberta	33,150	60	36,855	65	34,800	65	36,700	65
Saskatchewan	10,650	50	11,000	55	12,400	55	12,300	55
Manitoba	13,375	50	14,425	50	14,400	50	15,200	50
Ontario	109,144	40	114,248	40	86,100	30	115,600	40
Quebec	62,830	40	64,680	40	64,800	40	91,400	55
New Brunswick	4,784	40	7,915	65	7,600	65	9,200	65
Nova Scotia	10,000	50	13,000	65	12,300	65	15,700	65
Prince Edward Island	1,451	50	1,350	50	1,400	50	1,800	65
Newfoundland	1,880	40	3,510	65	3,500	65	3,800	65
	<u>279,544</u>		<u>338,828</u>		<u>292,600</u>		<u>360,000</u>	

TREASURER

APPENDIX T6

ACTUAL & ESTIMATED EXPENDITURES (re 1971)

	1969 <u>Actual</u>	1970 <u>Budget</u>	1971 <u>Budget</u>	1971 Revised <u>Budget</u>
Annual Board Meeting	20,058	22,000	20,000	19,000
CDRF Award	-	500	700	700
Contingency	15,219	10,000	10,000	9,000
Conventions	-	1,000	1,000	1,000
Film Production & Distribution	8,247	9,400	11,700	2,700
Fixed Asset disposal loss	167	-	-	-
Furniture & Fixtures	2,532	4,000	4,000	1,600
Grants				
-Canadian Dental Nurses & Assistants	300	300	300	300
-Canadian Education Week	100	100	100	-
-Canadian Fund for Dental Education	18,000	18,000	18,000	18,000
-Federation Dentaire Internationale	2,897	3,000	3,200	3,200
-Library Fund	500	-	-	-
-President (Honorarium)	3,000	-	3,000	3,000
History of Dentistry & Archives	213	1,000	1,000	500
Insurance (Building, Fidelity, Sickness, Travel)	1,999	1,500	1,700	1,700
Intraprofessional Communications	5,000	12,000	12,000	12,000
Legal & Audit	2,750	3,000	5,000	5,000
Office Supplies & Expense	16,719	13,000	16,000	16,000
Postage	9,255	6,100	10,500	10,500
Printing Shop				
-Paper	6,083	8,500	9,100	9,100
-Supplies & Expense	13,657	7,400	10,700	8,200
-Transactions	11,071	16,000	11,000	8,000
-Other Publication Printing	-	2,000	1,000	-
Property				
-Light, Heat, Water	3,239	3,800	3,800	3,800
-Repairs & Maintenance	4,191	5,500	5,500	5,500
-Taxes	5,810	6,500	7,000	7,000
Salaries	149,856	171,400	224,200	181,900
Salary Expenses	17,566	19,400	26,200	21,200
Telephone & Telegraph	3,639	3,300	4,100	4,100
Translation	1,395	1,300	1,700	1,700
Travel Expense	44,244	44,300	51,900	44,000
Total Expenditures	367,707	394,400	474,400	398,700
Total Revenue	<u>368,372</u>	<u>322,600</u>	<u>399,500</u>	<u>399,500</u>
Surplus (Deficit)	<u>665</u>	<u>(71,800)</u>	<u>(74,900)</u>	<u>800</u>

APPENDIX T71971 BUDGET REQUESTS

	General Administration									
		Film Production & Distribution			Furniture & Fixtures		Light, Heat & Water		Publications other than <i>Journal</i>	
						Repairs & Maintenance		Taxes	Travel	Expense
										Totals
Councils										
Constitution & By-laws	25									25
Education	400								3,300	3,700
National Recruitment		500				2,000			1,000	3,500
Student Membership	300					600			350	1,250
Survey of Schools									3,300	3,300
Teaching Conference									1,800	1,800
War Memorial									50	50
Youth Science Foundation	200								200	400
Ethics									1,000	1,000
Executive(Taxation and										
Convention Subcoms.inc.)									6,950	6,950
Journalism & Communications									800	800
Legislation	25									25
Public Health	2,000					1,000			1,000	4,000
(Professional Writer)										
Research									1,600	1,600
Committees										
Auxiliary Services	200								2,500	2,700
Conventions										
(included in Exec.Counc.)										
Dental Services									3,000	3,000
Headquarters Property	2,300				3,800		5,500	7,000	200	18,800
Hospital Services									2,000	2,000
Insurance									2,500	2,500
Nominations									25	25
Specialists & Specialization										
(included in Council on										
Education,Travel \$300)										
Bureau of Economic Research									500	500
Bureau of Public Information		11,200	900						500	12,600
	\$ 5,450	11,700	900	3,800	3,600	5,500	7,000	32,575	70,525	

APPENDIX T8SECURITY CHANGES - 1969War Memorial Scholarship Fund

Purchases:

Short Term Investment Royal Trust Company Limited 1,000 7-7/8% March 6,1974

Reserve Fund

Purchases:

Invested in the Common Stock Fund - CDARSP 34,500

TREASURER

APPENDIX T9

SECURITIES ON HAND - DECEMBER 31, 1969

Grieve Memorial Lectureship Fund

Government of Canada	3,500 ^a	4½%	September 1, 1983
Government of Canada	1,000	7	April 1, 1973
Government of Canada	1,000	4½	September 1, 1983

5,500

Library Trust Fund

Government of Canada	50,000	7%	April 1, 1973
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War Memorial Scholarship Fund

Eastern Chartered Trust (Canada Permanent)	4,000	5½%	March 16, 1970
Government of Canada	2,500 ^a	4½	September 1, 1983
Province of Ontario	1,000	4¼	May 15, 1971-74
Province of Quebec	1,000	6	October 15, 1988

8,500

Short Term Investment Royal Trust Company	1,000	7 7/8	March 6, 1974
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Reserve Fund

Alberta Government Telephone	2,000	4¼%	July 2, 1978
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Alberta Municipal Finance Corp.	10,000	5½	April 1, 1983
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Canadian National Railway	3,000 ^e	3 3/4	February 1, 1972-74
Canadian National Railway	5,000 ^e	4	February 1, 1981
Canadian National Railway	11,000 ^e	4	February 1, 1981
Canadian National Railway	1,000 ^e	4	February 1, 1981

20,000

Eastern Chartered Trust (Canada Permanent)	10,000	5½%	March 16, 1970
Eastern Chartered Trust (Canada Permanent)	1,000	5½	March 16, 1970

11,000

Securities on Hand
Reserve Fund - contd:

Government of Canada	15,000	5½%	October 1, 1975
Government of Canada	1,000	3¼	October 1, 1979
Government of Canada	10,000	3¼	October 1, 1979
Government of Canada	5,000	3¼	October 1, 1979
Government of Canada	10,000	3 3/4	January 15, 1978
	41,000		
Hydro Electric Power Commission of Ontario	2,000 ^b	4 3/4%	August 15, 1975
Hydro Electric Power Commission of Ontario	3,000 ^b	4 3/4	August 15, 1975
Hydro Electric Power Commission of Ontario	5,000 ^b	5	November 15, 1976
Hydro Electric Power Commission of Ontario	5,000 ^b	5	October 15, 1978
Hydro Electric Power Commission of Ontario	10,000 ^b	5	November 15, 1976
Hydro Electric Power Commission of Ontario	500 ^b	3	April 1, 1968-70
	25,500		
Hydro Electric Power Commission of Quebec	25,000 ^c	5½%	March 1, 1984
Hydro Electric Power Commission of Quebec	1,000 ^d	5	November 15, 1982
	26,000		
Manitoba Telephone	10,000	5½%	December 2, 1986
Province of New Brunswick	1,000	3 3/4%	April 15, 1970
Province of Nova Scotia	5,000	5%	December 15, 1973
Province of Ontario	3,000	4¼%	May 15, 1971-74
Province of Ontario	15,000	5	July 15, 1975
Province of Ontario	2,000	4¼	May 15, 1971-74
	20,000		
Province of Quebec	5,000	5 3/4%	February 1, 1986
Total bonds	176,500		
Investment in Common Stock Fund - (over)			

TREASURER

Securities on Hand
Reserve Fund - contd:

Investment in Common Stock Fund -	
CDA Retirement Savings Plan	103,500

- a - *Conversion Loan*
- b - *Guaranteed by Province of Ontario*
- c - *Sinking Fund Debenture*
- d - *Guaranteed by Province of Quebec*
- e - *Guaranteed by Government of Canada*

APPENDIX T10

REVENUE AND EXPENDITURES

Actual and Projected

<u>Actual</u>	<u>Total Expenditures</u>	<u>Total Revenue</u>	<u>Surplus (Deficit)</u>	<u>Surplus (Deficit)</u>
1967	262,393	290,921	28,528	If all provinces
1968	300,315	323,788	23,473	at \$65 per li-
1969	367,707	368,372	665	censed dentist

Projected

1970 (revised)	394,400	352,500	(41,900)	Commencing 1971
1971	474,400	399,500	(74,900)	20,700
1972	504,200	411,200	(93,000)	4,500
1973	532,500	420,000	(112,500)	(13,000)
1974	556,100	432,900	(123,200)	(21,700)
1975	583,800	440,100	(143,700)	(40,200)

MRS. ARMSTRONG, RETIREMENT
INSTALLATION CEREMONY

RETIREMENT OF MRS. HELEN ARMSTRONG - PRESENTATION

PRESIDENT MacLEAN:

Members of the Board and of the
headquarters staff and guests:

I would like to direct your attention to the fact that this is the 25th meeting and convention of the CDA that Mrs. Helen Armstrong has attended and that she has been a member of the headquarters staff for the past 25 years.

This is an outstanding record of service. It is particularly gratifying to see her here this year. I am sure we all realize that this required a special effort under most difficult circumstances. She was still at her typewriter at one a.m. doing reports!

In recognition of these years of service it is my pleasure on behalf of the Board of Governors of the CDA to present you this small gift.

May you enjoy good health and happiness for many years to come and have pleasant memories of your long association with the CDA.

Our very best wishes.

(Presentation of gold bracelet, appropriately inscribed, to Mrs. Armstrong)

INSTALLATION CEREMONY

An installation ceremony was held at the Centennial Centre, Winnipeg, on Saturday, July 4, 1970 at 12.30 p.m. Dr. Hector MacLean, retiring President, presided.

PRESIDENT MacLEAN

Chers Collegues:

Je regrette que ma connaissance du français ne me permette pas de m'adresser à vous en étant certain que vous me compreniez. J'espère pouvoir exprimer mes idées suffisamment clairement en Anglais pour que la communication entre nous s'établisse.

The format and scheduling of the President's address and the installation has been changed this year.

On this final day of the convention I can report that the Board of Governors labored for three and one-half days under the able chairmanship of Dr. Phil Christie of Halifax. The Executive Council were in session for an equal time and you have had a most successful convention.

INSTALLATION CEREMONY

Recognizing our ten provinces are latitudinously arranged, communication can be a greater problem than in some countries. If we believe in our profession we must support organized dentistry across Canada rather than in ten sections of Canada. Instead of asking what the CDA does for us, we should be concerned about what we can do for the CDA. Instead of grants that barely support our operation, we should ask what is needed to adequately finance an effective and viable Association.

We must be able to keep pace with changes. If a crisis is needed to break the lock step - the rigidity of the situation - I would say we have that crisis now.

Such responsibilities as delivery of health care, extended use of allied personnel, government involvement and equitable financing are very real concerns.

I feel, with the new officers and an experienced Board of Governors, we will attack these problems with success.

Dr. Hillenbrand is the author of the following: "There is a role for a national organization, which cannot be fragmented among many organizations, which by their very character cannot properly reflect, direct or guide, the national thrusts of an important profession."

This is Independence Day in the United States and we are happy to extend our best wishes to our many friends of that great country.

We have enjoyed the hospitality of your fine city and province and thank one and all for the efforts put forth in organizing and presenting the many events that have assured the success of this convention.

I would also like at this time to thank our Executive Director, Dr. McIntosh, for his help and counsel.

HONORARY MEMBERSHIP

At the Executive Council meeting on February 24, 1970, a motion was unanimously endorsed to confer honorary membership on Dr. Gordon C. Watson, Executive Director of the American Dental Association. This action was approved by the Board of Governors earlier this week. Dr. Watson, will you please come forward.

Dr. Watson was born in Idaho. His birthday was two days ago so may we offer our best wishes for many happy returns. He is a graduate of Brigham Young University, and received his DDS degree from Northwestern University. He is a graduate from the School of Business at the University of Chicago and the Institute for Organization Management, University of Santa Clara. Dr. Watson practiced in San Diego for fourteen years. He was Secretary of the San Diego County Society and Chairman of the Dental Health Committee for that area, as well as being a member of the Council on Dental Health of the Southern California Dental Association.

He is a member of the American College of Dentists, the International College of Dentists, the American Public Health Association, the American Association of Dental Editors. He is a Honorary Member of the Alpha Omega Dental Fraternity and Omicron Kappa Upsilon, and a Life Member

of Xi Psi Phi Dental Fraternity. He is a Director of the American Society of Association Executives. He has served in the United States Naval Dental Corps for two years, and holds the rank of Commander in the United States Naval Reserve. Dr. Watson is married. His charming wife, Lyn, looks after him and his three sons. Dr. Watson is an experienced and forceful administrator, who served the American Dental Association in the capacity of Assistant Secretary for four years, before assuming the position of Executive Director of the Southern California Dental Association. In 1964 he was chosen as chief executive of the American Dental Association. He assumed the position of Executive Director of the American Dental Association on January 1 of this year, succeeding Dr. Hillenbrand. He now directs the affairs of 112,000 members.

The Canadian Dental Association has benefited in innumerable ways through its close association with the American Dental Association, and values greatly the communication and friendly relations that exist between our two national bodies.

For his outstanding contributions to the dental profession in his own country and throughout the world, this Association is honoured to confer Honorary Membership on Dr. C. Gordon Watson.

Dr. Munsie, I would ask you not to install the President.

Thank you, Dr. Munsie, and our best wishes and contragulations to President Spence.

DR. MUNSIE

Mr. Chairman, Ladies and Gentlemen:

It is both an honour and a privilege for me to introduce to you and install as President of the Canadian Dental Association, Dr. William J. Spence. Dr. Spence was born, raised and educated in the City of Toronto, Ontario, and I would like to say right now that this is his only liability. After graduating from the dental school in Toronto, Dr. Spence pursued post-graduate training in orthodontics at the University of Illinois, in Chicago. He received his Master's degree from that institution in 1953 and since that time has been continuously engaged in the practice of orthodontics in the City of Toronto.

His interests in and his contributions to organized dentistry were virtually coincident with the beginning of his practice of orthodontics. Dr. Spence served both the local and provincial dental organizations in Ontario, becoming President of the Ontario Dental Association in 1967. In fact, Dr. Spence was the second president of that organization at a time when there was a recognition - when dental politics was recognized as being a useful definition - "politics is the art of the possible" or the art of getting things done.

Dr. Spence represented the Ontario Dental Association on the Board of Governors of the Canadian Dental Association from 1966 until this year. Just one year after his appointment to the Board of Governors, Dr. Spence was elected to the Executive Council of the Canadian Dental Association and after just two years was elected to the office of President-elect.

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Throughout all of these years of endeavours on behalf of organized dentistry, Dr. Spence has had the encouragement and loyalty of his chairing wife, Marg, and I would like at this time to ask Marg to stand and be recognized --- thank you very much Marg.

And so, ladies and gentlemen, here is the man who will be our chief executive officer for this coming year. A man of talents, experience and devotion. Dr. William Spence, I congratulate you and I know I speak for all of the members of the Canadian Dental Association in wishing you well.

(Thanking of Past President and presentation of gift.)

It was almost exactly one year ago, in the City of Montreal in the Province of Quebec, that Dr. Gustave Ratte, in installing Dr. Hector MacLean as President of the Canadian Dental Association, predicted that under his leadership as President of the Canadian Dental Association, good progress would be made in all of the endeavours of the Association.

During this past year, the Canadian Dental Association has gone through a period of self-examination in order that it might become a more effective organization to serve both the profession and the public. Seldom in the past has there been a greater need for astute, able leadership. Hec MacLean has more than vindicated the predictions made by Dr. Ratte one year ago.

Dr. MacLean, on behalf of the Canadian Dental Association, I am personally honoured and privileged to present to you this Past President's Jewel which I know you will wear proudly and also this gift, a very small token of esteem and thanks from all of the members of the Canadian Dental Association.

(Presentation of a floral arrangement to Past-President's wife.)

There is a well-worn statement to the effect that behind every successful man there is a lady. Frankly, I don't really believe in this statement because I really feel that beside every successful man is the strength of a lady. During this past year, while Hec MacLean was performing his duties as President of the Canadian Dental Association with such diligence and sacrifice, he had the advantage of the encouragement and assistance of his very charming wife Margaret.

Having been a president of the Canadian Dental Association myself, and having had the same encouragement and assistance, I am aware of the indebtedness of the Canadian Dental Association to Mrs. Margaret MacLean. And so, on behalf of the Canadian Dental Association, Margaret, I would just like to say thank you very, very much and present to you these lovely flowers for a lovely lady.

DR. SPENCE

Mr. President, Dr. Munsie, Honoured Guests, Ladies and Gentlemen:

I am very grateful to Dr. Munsie as the Installing Officer for doing me

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this honour and for his kind and flattering introduction.

To Dean MacLean I would like to say, sir, that it is my opinion and I am sure the opinion also of the members at large that you have led our profession in Canada in a most capable manner and we are appreciative of your sacrifice on our behalf over this past year as our President.

In assuming the high office of President of the Canadian Dental Association I am aware of the duties and responsibilities and especially of my own limitations. With the help of the Executive Council, the Board of Governors and the extremely able staff under our Executive Director, Dr. McIntosh, I pray that I may fulfill these duties and responsibilities as well as my many distinguished predecessors have done.

As your new President I implore your good will and constructive support in order that this Association will be an even greater force for the profession and the Canadian public which it serves.

Finally I should like to thank the Executive, the Board of Governors, and the membership on behalf of my wife, Margaret, and myself for the confidence you have shown in us by bestowing this high honour.

Thank you.

PRESENTATIONS

Dr. Munsie presented the Past President's Jewel to Dr. MacLean. Dr. MacLean was also the recipient of a silver coffee urn and tray given by the Association in appreciation of his service as President. Bouquets of roses were presented to Mrs. MacLean and Mrs. Watson.

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